

Unleashing the Forces for Change



1st National Young Peoples Planning Forum on HIV and AIDS

28-29 November
2008

Ateneo de
Manila
Quezon City



unicef 
unite for children

Acknowledgement

The 1st National Young People’s Planning Forum (on HIV and AIDS) saw the fruition of an untiring advocacy for the inclusion of young people (children and youth) as responsible “active citizens” in all the national, regional and global development processes along HIV and AIDS. The Forum could not have been successful nor this report accomplished without the significant contribution from many young people, adults and organizations. It is not possible for us to thank every person or organization by name, but we would like to express our particular gratitude to the following:

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List of Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
AMTP IV	Fourth AIDS Medium Term Plan
ARV	Anti-Retro Viral
ASAP	Advocate, Surveillance, Access and Partnership
ASEAN	Association of South East Asian Nations
CSO	Civil Society Organization
CWC	Council for the Welfare of Children
DepEd	Department of Education
DILG	Department of Interiors and Local Government
DOH	Department of Health
DSWD	Department of Social Welfare and Development
GO	Government organization
HACT	HIV and AIDS Core Team
HIV	Human Immuno Virus
IDU	Injecting drug use/user
IEC	Information Education and Communication
KNN	Kabataan News Network
LGU	Local Government Unit
MARP	Most at risk populations
MSM	Males who have sex with males
NCR	National Capital Region
NGO	Non-government organization
NYPFF	National Young People's Planning Forum
PIP	People in prostitution
PNAC	Philippine National AIDS Council
RA	Republic Act
RH	Reproductive Health
SK	Sangguniang Kabataan
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SVD	Society of the Divine Word
UNFPA	United Nations Population Program Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing

Background:

The 1st National Young People's Planning Forum (NYPPF) was conceived to institutionalize young people's participation and to provide recommendations for the 2009 – 2010 Operational Plan relevant to the on-going assessment of the 4th AIDS Medium Term Plan of the Government of the Philippines – National AIDS Response. The initiative built on the experiences and recommendations of the young delegates at various international, regional and national Congresses and Consultations, particularly, the East Asia and Pacific Regional Consultations on Children and HIV held in March 2006 in Hanoi, Vietnam, and March 2008 in Bangkok, Thailand; National Youth Consultative workshop on Reproductive Health (a Parallel Event of) the International Conference on Reproductive Health Management held in May 2006 in Manila, Philippines, and May 2008 in Bali, Indonesia; and, the recently concluded 2nd Regional Consultation on Universal Access to HIV Prevention, AIDS Treatment, Care and Support in Low Prevalence Countries held August 2008 in Manila, Philippines.

The young people have had a clear mandate and ample preparation. Months prior, the Call for Nominations to the 1st NYPPF sent to organizations working with children, young people and HIV and AIDS initiated a process. The delegates were selected from the preparatory activities that each region, network or organization undertook for this purpose. The participation of other children and young people in these preparatory efforts was encouraged. Their inputs were crucial in contributing into regional issues and priorities which were brought forward to the 1st NYPPF.

Their participation to the 1st NYPPF was fully maximized by enabling them to discuss and present their experiences and perspective on the National AIDS Response, especially focusing on appropriate actions that they and everyone around them should undertake to address their issues and concerns relevant to HIV and AIDS.

The Planning Forum was part of the Government of the Philippines' commitments and obligations for children's civil rights and civic engagements. As a State Party to the UN Convention on the Rights of the Child, the event pursues the continued and sustained 'ethical participation of children and young people in development concerns affecting their welfare'.

The 1st NYPPF also seized the opportunity to respond to the call to action posed to the country as a result of the recently concluded 2nd Regional Consultation Meeting on Universal Access to HIV Prevention, AIDS Treatment, Care and Support among Low Prevalence Countries held in Manila last August. Said Meeting of 12 countries, including young people delegates, has validated what is already known in other parts of the world: that children and young people (15-24 years of age) are at the crux of the HIV phenomenon: Despite being able to maintain its prevalence of HIV at less than one percent among the general and most-at-risk populations (MARPs), a substantial increase of new HIV infections among Filipino young people has been identified through national surveillance and project based surveys and activities. This development has led to considerable increase of new HIV infections in the country and a major cause for alarm.

The participants validated how much more effort the country must exert to sustain the HIV prevention interventions among the MARPS, especially the Males who have Sex with Males (MSM), Injecting Drug Users (IDU) and People in Prostitution (PIPs); and, what else needs to be done to adequately address the specific children, particularly, adolescent and young people's needs among these populations. Indeed, existing national mechanisms, like the Adolescent and Youth Health and Development Program of the DOH and the Bureau on Health and Nutrition of the Department of Education (DepEd) among others, have not provided Filipino children and young people with evidence based information and education on sexuality and reproductive health and related services.

The big gap on reproductive health and HIV is beginning to be filled. The numerous calls for actions and recommendations by children and young people to adults and the government, national programming for children and young people will now begin to be heard and considered. The inputs generated through the 1st NYPPF will be used to shape the Operational Plan 2009-2010 by the Philippine National AIDS Council (PNAC).

The 1st NYPPF Participants

A total of 50 young people (age 15 – 24 years old) representing child and youth serving organizations from 13 provinces in Luzon, Visayas, Mindanao and the different cities of the National Capital Region attended. They converged and participated in various capacities for the 2-day event held at the Recreation and Residence Center of the Ateneo de Manila University in Quezon City.

Together with them were 24 adults representing government, national and international non-government organizations, National Organizing and Coordinating Committees and the Media.

These young people thought for themselves, expressed effectively, and interacted positively with others. They were girls and boys involved in the responses and decisions that affect their lives, the lives of their family and community and the larger society in which they live. They have varied levels of experiences in designing and or implementing actions toward HIV prevention, AIDS Treatment, Care and Support directly or through other relevant issues such as Reproductive Health and Special Protection of Children and Young People. They had exposure to issues such as commercial sexual exploitation/prostitution, pornography, trafficking; living on the streets, being out-of school, and injecting drug use.

All the delegates were associated with Non- government (NGOs) and Government Organizations (GOs) with existing programmes and services along HIV, AIDS and relevant development concerns. They have developed skills and expertise in advocacy, peer education, and mass media among others. Their backgrounds were diverse as representing young people who are members of: student organizations engaged in HIV Prevention Education; MARPS (in and out-of-school) reached by faith-based and community based organizations or groups providing care and support services, conducting outreach, peer education and life skills based programs; National and Local Governance Units; and, young peoples' media groups in schools, communities and networks engaged in the production and dissemination of information on HIV Prevention to reach a wider segment of their peers; among others.

The 1st NYPPF linked them up with existing children and young people initiatives in each region of the country to ensure more meaningful participation, as well as, better possibilities of follow-up after the NYPPF.

Objectives

The overall aim was greater representation and substantive participation of a **core** group of children and young people who are affected by, most at risk and vulnerable to HIV who are directly involved in advocacy work, rather than having a very large number of participating young people from all over the country.

On the whole, the NYPPF processes initiated intended to:

- Make sure young people's perspectives are adequately integrated into and operationalized as part of the National AIDS Response,
- Strengthen the institutionalization of meaningful participation of young people within civil society, private sector partners and government processes, such as, in public policy decisions that can enhance realization of their right to protection against the impact of HIV and AIDS; and,
- Strengthen the institutionalization of meaningful participation of young people within civil society, private sector partners and government processes in analysis, planning and implementation of the National AIDS Response, particularly the AMTP IV 2008 – 2010.

Specifically, through the 1st NYPPF, the following are expected to be achieved:

- a. An opportunity for young people to share their views, experiences, good practices and models of successful young people-led responses to HIV and AIDS will be provided;
- b. Young people's contribution to the formulation of measurable and doable plans and solutions in response to HIV and AIDS will be facilitated;
- c. Follow-up mechanism (in terms of sharing outcomes, implementation of recommendations and monitoring of so) with wider groups of policy makers, CSOs, and their peers is ensured and institutionalized in relevant organizations and their networks and projects.

Strategies and Methodologies

- Multi-sectoral engagement and capacity building - The implementation of this was spearheaded by the Committee on Children and HIV through the members, their network and other relevant inter-agency substructures under the CWC and its member organizations.
- Meaningful and ethical participation of young people – together with the above, the processes to ensure so can be mentored, tried, tested and sustained.
- Child Protection – As a policy, strategy and approach in the implementation of the undertaking, this was the bases of decisions, actions, negotiations and essence of the results of the NYPPF. Young people and adults engaged in the NYPPF processes and beyond will be bound by this.
- Coordination, Monitoring and Evaluation – As a Sector represented in the PNAC, the whole undertaking lends to the actualization of the primary mandate of the National AIDS Response.
- Harmonization – In so many ways, the 1st NYPPF is tied up with on-going processes with young people along with other broad based development concerns such as, World Congress III on Commercial Sexual Exploitation of Children, follow-up of the Recommendations of the UN Study on Violence against Children, follow-up of the Commitments made during the 2nd Regional Consultation on Children and HIV among nations of East Asia and Pacific, and the initial requisite Country activities leading towards the implementation of the approved (but still unfunded) 2007-2009 3rd ASEAN Medium Term Plan on AIDS (AWP III).

Most important, young people themselves have begun to experience, realize and build on “what it takes and will take to enjoy a Right, be Respectful of the Rights of others, and Responsible to their Rights in consideration of the Rights of Others.”

A robust Child Protection Framework was put in place to promote safe and meaningful participation of young people including upholding of ethical issues (such as confidentiality issues, etc,) related to their participation at the NYPPF.

Language of the NYPPF

While comprehension of the Tagalog or Filipino and English was shared, children and young people articulated their views “**using the language of their hearts**” in all the sessions. Various creative forms and techniques of communication were also utilized.



Unleashing the Forces for Change

Day One

28 November 2008

Mr. Andrei Ceballos

Over All Moderator

Opening Ceremony

In the afternoon of the 28th of November, at the Recreation and Residential Center of the Ateneo de Manila University, the representative of Quezon City Mayor Sonny Belmonte formally opened the event. In his address, Mr. Pacifico Maghacot assured all the young delegates that they were all on a very safe ground; and that HIV and AIDS and the concerns of children and young people are foremost in the agenda of the country's capital city. Commissioner Jane Censoria Cajes followed through by inspiring her fellow young people in her affirmation, as President of the Sangguniang Kabataan (SK) National Federation, of the resolve to engage the SK in a stronger nationwide undertaking on HIV as true forces for change. Setting all these off the ground and unto the thrust of the event, Dr. Marinus Gotink, the Chief of the Health and Nutrition Programme of UNICEF led the young delegates and participants to warm up to and tackle the development issue that HIV and AIDS brings forth on hand.

Expectations

Moving on, all the delegates looked forward to putting together a thorough set of information and recommendations that will be considered for integration into the National AIDS response for the next two years as a final output. This should: represent all the regions in the country; be the basis from which organizations not present in the event to build on; cover a wider area and range of the population apart from their sector; strongly indicate continuing capability building for them and the rest; require effective mechanisms and bodies that will support and deliver HIV and AIDS responses; and, take into account young people's continued and active engagement as 'citizens' in various capacities. Through a process of active sharing of experiences amongst them, inputs from resource persons and direction from the meeting animators, it is their hope that their voices will truly be heard and be part of the bigger plan.



Situation of Children and Young People and HIV and AIDS

Dr. Genesis Samonte

**National Epidemiology Center-
Department of Health**

In order to set off the environment as expected, Dr. Genesis Samonte walked the delegates through the most recent findings of the National Epidemiology Center of the Department of Health with regard the situation of HIV and AIDS and their population. A very clear illustration of the rising trend on STI and HIV among the young people was presented. Dr. Samonte highlighted the realities and possibilities of the increasing cases to what is in store for the rest of the population if this situation is not acted on now and reversed the soonest.

She summed up by posing the challenge to all participants to seize the opportunity on hand. Through four (4) letters i.e. ASAP, she engaged the delegates to: *Advocate* = Take the lead; Talk about HIV; Spread correct information; *Surveillance* = Be responsible; Remember that risky behavior has consequences; Know your HIV status; *Access* = No to stigma; Foster access to counseling, care and support; *Partnerships* = We need your help...children and young people can be counted on!

Unite for Children, Unite Against AIDS

Ms. Gudrun Nadoll

HIV and AIDS Specialist - UNICEF

To help fire up their resolve to take action and finally unleash the Forces for Change, the young delegates were linked up with an ongoing global effort that was launched in 2005. Ms. Gudrun Nadoll, the HIV and AIDS Specialist of UNICEF, brought to light the Unite for Children, Unite against AIDS Campaign spearheaded by UNICEF all over the world. The Campaign provided everyone a more focused framework from which responses can be designed and implemented up to year 2010. Through a participatory translation of the English text of the presentation, Ms. Nadoll made the delegates more acquainted with the "4 Ps". These were: **Prevent** Mother- to-child transmission; **Pediatric Treatment**; **Protect**, support and care for all affected children; **Prevent** HIV infection in children and adolescents.



Fitting guideposts for the succeeding Break out Sessions, Ms. Nadoll highlighted the impact of inadequate responses on all the Ps to the quality of life of children and young people of the world.

Our Stories Breakout Sessions

The first two presentations laid the parameters for the children and young people to share their accounts on what is happening in their areas with regards STI, HIV and AIDS.

In four groups, the participants simultaneously went to brass tasks. Prior to generating accounts or stories on what was going on and among their peers in this regard, the Facilitators of each groups worked out each delegates' "thoughts and feelings" or feedback on the presentations. The activity was meant to establish the relevance of the information conveyed by the speakers, as well as, provide the safe ground by which they can begin to share and relate with. Thus, here are some of their feedbacks.

Thought and Feelings on the Presentations (Downloading: easing the pressure)

1. Babies – *"hindi makatarungan yung pagrape dun sa mga baby tapos naapektuhan pa ng HIV."* (Raping babies and then transmitting HIV is not just and right!)"
2. Natakot – *from DOH statistics "we are involved. Hindi ko alam kung ako na yung susunod"* (I got scared with the DOH Statistics. We are involved. I might just be part of the data next time!)"
3. *Maraming apektado ng AIDS – "ano ba dapat and gagawin para maiwasan siya?"*(So many are affected by AIDS. What action would be best to prevent the situation?)
4. Natakot – *"hindi lang matanda, pati bata. Baka isa na dun yung kapamilya ko"* (I am afraid-not only adults but children as well. One of them might just be a member of my family!)"
5. RH Bill – *"Ang Pilipinas, strict sa religion. Nalilimit ang sexual awareness. Problem ng kabataan at society. Controlado pa rin ng simbahan"* (The Philippines is very religious. As a result, sexual awareness is limited. This is a problem of the young people and the society but the Church is still in control!)"
6. *"Bakit nainfect? – "may college at high school sex education. Alam naman nila yung ginagawa nila pero hindi sila sumusunod."*(Why did they get infected? There is sex education in college and high school.

- They know what they are doing but they are not doing it right!")
7. Alarming – *"HIV problema yan ng society at hindi ko expect yung number ng affected youth. "Quote from sociology teacher "Hindi na kailangan ng isa pang Noah's Ark for better future. Hindi pwedeng dependent sa culture."* (HIV is a problem of society. I did not expect the number of affected youth. WE do not need another Noah's Arc for better future. We cannot be dependent on Culture.)
 8. *"Takot, disgusted, naawa, nachallenge – "Ano mangyayari sa kabataan kung lahat affected 10 yrs after. 20% infected youth. Hindi nila mapigilan. Awa kasi hindi na nila maenjoy yung life."* (Scared, disgusted, pity and challenged – What will happen to the young people if everyone will be affected after 10 years? Quote from their organization *"kabataan para sa kabataan. Sino tutulong? Ikaw!* We are one on a boat but we have to rock the boat. Do something for a change. We cannot do anything anymore for the 20% of the youth affected. They cannot enjoy their lives anymore.)
 9. *"Nalungkot at naawa – "dumadami na. 60 per month at 2 a day"* (I am sad and feel pity for those increasing cases.)
 10. Disappointed – *"maraming namamatay. Wala silang alam na nahawa sila ng HIV/AIDS"* (Many are dying and they do not know they have been exposed!")
 11. *"Maraming katanungan."* (I have so many questions.)
 12. *"Dapat magkaroon ng mas konkretong aksyon patungkol sa HIV at AIDS."* (There should be something more concrete that can be done relevant to HIV and AIDS.)

Having noted all these, the discussion moved on to look into relevant actual situations and happenings in their respective areas and organizations with respect to the issue on hand. And, the stories gushed like a flowing spring. Here goes....

What is going in your areas and with your peers? (Highlights)

In Visayas, (Cebu, Iloilo and Tacloban) *"hinuhuli ng mga pulis yung mga freelance PIPs kapag pumupunta sa mga center. Kasi pinapacheck-up naming sila. Over lap yung objectives ng pulis at kami. Silent workers kasi kami."* (The police arrests freelance PIPs. Often, they do so whenever they go to the Center. This happens when the PIPs go for their check-up. Our objectives and those of the police do not see eye to eye. We are silent workers. Maybe that is the reason why.)

"Hindi aware yung government sa mga ginagawa naming. Kaya hindi na nagpapacheck-up yung mga freelance kasi baka hulihin sila." (The government is not aware of what outreach workers or peer educators are doing. The reason why the freelance PIPs are not checked up is the fear of being identified, marked and possibly arrested by the police if they go for so.)

Kinakausap naming yung mga freelancers. Tapos, kapag wala na silang titirahan, dinadala naming sila sa Good Shepherd Welcome House. Isang recovery center ito para sa mga PIPs para magkaroon ng temporary shelter. Dito, may counseling din at ibang livelihood projects. Kapag gusto na talaga nila magbago, dinadala na sila sa Bahay Isadora, Enhancement Center." (We talk to the freelance PIPs. In Cebu, if they have no place to stay, we bring them to the Good Shepherd Welcome House. This is a recovery center with free shelter, counseling and livelihood programs. If the freelance PIPs decide to move on and change lifestyles, they are transferred to the Isadora Enhancement Center.)

"Mayron din mga adik sa injectable drugs. Kapag hindi na nila kayang bumili, naghihiraman na lang sila ng syringe. Hindi kasi mapigilan kaya namimigay na lang kami ng free syringe para lang hindi sila magshare. Namomonitor namin yung mga binibigyan naming. Parang may corruption din. Kasi may funds naman pero hindi umaalis ng office yung mga workers. There are around 600 NGOs in Cebu." (We also have injecting drug users (IDUs) in Cebu. If they cannot afford to buy and cannot control their habit, they share needles and syringes. This is why we distribute free syringes and needles. We are able to monitor those who we give to. However, I noticed there seems to be something wrong in the program. Even if there are funds, some staff workers do not go for outreach.)

In Mindanao, (Zamboanga City, Pagadian City and Davao City) *“meron kaming Regular Life Skills Services. May module kaming sinusunod. Ngayon yung STD/HIV prevention. Target naming yung most at risk youth lalo na yung street children. Namimigay kami ng materials para sa awareness. Ang problema lang , kapag kinakausap na naming sila, hindi sila nakafocus kasi high sila sa rugby. Tapos yung iba, bumabalik lang sa ginagawa pagkatapos ng program.”* (We have Regular Life Skills Services. We are following certain modules. At present, we are on the STD/HIV prevention module. Our target participants are those most at risk, particularly the children and youth on the street. We give IEC materials for awareness. Our challenge, though, is the difficulty of the children and young people to focus because they are already high on rugby. The others go out during the program and return only towards the end of the sessions.)

In Luzon and National Capital Region – *“Minsan, nagdemonstrate kami kung paano gumamit ng condom. Nagtanong ang ibang mga kabataan kung bakit marunong kami. Parang masama ang dating pero sila naman ang nagtananong.”* (Sometimes we demonstrate how a condom is used. When we do this, there are some peers who ask why we know this. It is as if they were implying something else.) *“Minsan, kahit nga yung impormasyon tungkol sa basic fact on HIV and AIDS, parang pinagdududahan kami.”* (Sometimes there is some doubt as to why we know the facts about HIV and AIDS.)

“Sa school naman, pag marinig kami ng mga tilters na naguusap tungkol sa HIV at AIDS, madalas imbis na suportahan ka parang binabalewala ang sinasabi mo. May sinasabi silang comment. Minsan grabe ang comments. Di ba dapat sila yung nagtuturo. Buti nga tinutulungan na namin sila gawin ang kanilang trabaho e. (In school, when we talk about HIV and AIDS among ourselves or with classmates and the teachers hears us, they give comments that are not encouraging. Sometimes, the comments are too disheartening. Are they not supposed to be doing this instead of us? Are they not grateful we are helping them do their job?)

Following is the compilation of the results of sharing within each group.

Breakout Sessions 1 & 2 Output			
In Place	Good ☺	Not Good ☹	Missing ∞
HIV and AIDS Training and Seminars	We get information. We learn what we can apply in the community. If participants are from different places, we get collective and variety of views about the problem.	Often there is no replication. No transfer of learning. No sustainability. No assessment of plans, No monitoring to see gaps and laps.	No participation from concerned agencies. Not well represented. We do not know what happened to the others who have been trained.
Sexually Transmitted Infection Smearing	Health and hygiene considerations. Source of information on how to prevent it. It is regular. Accessible in some places. Some have referral mechanisms. Good for PIPs. Caters to walk in Clients.	There is still a general lack of awareness of this service and its importance. Contributes to stereotyping and stigma. No free check-up and medications.	Sensitive Health Providers. None for children.
Teen Centers / Teen bayan	Free condom distribution. Provides a safe hub for teens to meet and talk of sensitive concerns.	Dysfunction of the teen center. No VCT in most. No ARV distribution. Far from most in need.	Appropriate rights based programs and centers. VCT for adolescents. ARV for adolescents. Continuing resources for sustainability – government support.

In Place	Good ☺	Not Good ☹	Missing ∞
Free condom	<p>Safer sex.</p> <p><i>"Sa mga Rural Health Unit or Barangay Health Centers, may understudy na nurse na nagdisseminate ng information kung paano gamitin ng tama ang condom"</i> (In Rural Health Units or Barangay Health Centers, there are understudy nurses who provide the information on how to use the condom properly.)</p>	<p>Teachers are not serious about what they teach.</p> <p>Lack of negotiation skills.</p> <p>Outreach workers are not given proper orientation on the use of condom before distribution.</p>	<p>Proper disposal mechanisms.</p> <p>Continuous accessible supply.</p> <p>In many more Rural or barangay health Centers.</p> <p>Focus on improving negotiation skills of the target users being taught about condom use.</p>
Awareness promotion on "safe sex"	<p>Breaks the silence about a very sensitive set of actions.</p>	<p>Lack of messages that can uplift moral, spiritual, psychosocial well-being of children and young people.</p>	<p>Alternatives appropriate and within the control of children and young people.</p> <p>Child sensitive approaches and techniques.</p>
Voluntary Counseling and Testing	<p>Counseling before Testing.</p> <p>Empowering.</p> <p>Gives young people a chance to think and decide before testing.</p> <p>Confidentiality in very few set ups observed.</p>	<p>Stereotyping and stigma effects on clients.</p> <p>Insensitive health workers.</p> <p>No confidentiality.</p> <p>Hesitant clients.</p> <p>Lack of awareness regarding VCT and HACT.</p> <p>Service providers are not well trained.</p>	<p>Information on the location of VCT centers all over the province or other areas.</p> <p>Guidelines when accessing VCT centers</p>
Child Care Centers	<p>Nurture and protect children.</p> <p>Source of survival needs of clients.</p>	<p>Services are not readily available.</p> <p>Abusive Center personnel.</p> <p>Limited health care providers.</p> <p>Not the priority of the government.</p>	<p>Child Protection Policies.</p> <p>Well trained child Protection care providers.</p> <p>Safe mechanisms of redress and complaints.</p> <p>Alternative Family care settings.</p>
Outreach Posts	<p>Safer place for syringe cleaning demo and distribution.</p> <p>Visayas/Mindanao – <i>"nagbibigay kami ng libreng condom at syringe at solutions. Sa Visayas encouraged yung pag gamit ng bagong syringes kesa sa magshare sila, binibigyan na lang namin. Piling institutions lang binibigyan namin at mga identified injectable users lang at may counseling"</i> (We distribute free condoms with syringe and cleaning solutions. In Visayas, cleaning or using new needles and syringes is encouraged instead of sharing. Selected institutions with identified injectable users are provided together with counseling.)</p>	<p>Lack of medical staff to accommodate patients.</p> <p>IDUs afraid to come often or stay longer due to fear of possible raids and arrests by police.</p> <p>Dangerous Drugs Law Inhibits open distribution of syringes and needles as well as counseling of users.</p>	<p>Legal protection of staff working in the outposts.</p> <p>Freedom and creativity to operate in many areas.</p> <p>Very few and not found in all areas in the Philippines.</p> <p>None in Luzon and NCR.</p>

In Place	Good ☺	Not Good ☹	Missing ∞
Outreach Services	Good for transmission prevention. Molds ones physiological behavior.	Overlapping of goals with other service providers on the streets i.e. police. Lack of knowledge of services of the government and other organizations. Corruption among outreach workers.	Monitoring tools. Participation of the community and other service providers. Terms of engagement on the street with other service providers. Comprehensive directory of programs and service - local and national.
Regular Life Skills Sessions	Can address various issues and possibly change in behavior. Life based. Life Skills for youth in (Baguio) <i>"para sa mga street children na may kasoat nakukulong na mga bata - may natulungan na kami na muntik na ma salvage. Nagpapadala kami ng sulat sa Principal para ma- invite yung mga bata."</i> (In Baguio, the program is directed to street children who are in conflict with the law. We have helped prevent the "salvaging" of one child. We also send letters to the school principals to allow the children to go back to school.)	<i>"Bumabalik pa rin sa usual na ginagawa."</i> (The participants return to their usual behavior and activities –Cebu and Zamboanga) We can only reach and help as much as we could. Still need to work with other government agencies to be able to have results.	Appropriate motivation and tools to continue the change in behavior. Regular retooling of facilitators of Life Skills sessions. More life skills outreach workers among children and young people trained as there are truly very many to reach and help. More programs of this sort in various areas in the Mountain Province.
Reproductive Health Awareness Program	Promotes awareness. Establishes rapport and has capacity to build community cooperation. <i>"Bawat barangay dapat may midwife na assigned para mag-facilitate ng needs sa sex at parenthood education sa Zamboanga."</i> (There should be a midwife assigned in each barangay to facilitate discussions and needs on sex and parenthood in Zamboanga.) <i>"Meron din kaming advocacy for prevention at transmission ng sakit na makukuha sa injecting drugs."</i> (WE also have advocacy for prevention of transmission of infections that can be gotten from injecting drugs.)	Not all communities are reached. The use of the "centralized approach" Fragments the other communities due to varied beliefs.	Well trained educators. Area networking. Regular information dissemination. To some extent, funds for many aspects of the Program.
AIDS Media Production and Promotion	Youth oriented. Great potential for increasing national awareness. KNN produced Documentaries to inform. The Capiz team made the video <i>"Manong Da"</i> – about a person living with HIV in Iloilo.	Misinterpretation of the concepts once aired. Feedback not generated, collected and used.	Networking. Facilities and equipments. Manpower. Concept formulation. Systematic feedback and monitoring of effects of production or promotion.

In Place	Good ☺	Not Good ☹	Missing ∞
Peer Counseling	Youth oriented. "Friendly" approach. Can be utilized by many. Not much cost. Reprohealth Awareness Program is part of the peer counseling (Bicol) <i>"Para sa youth, pumipili kami ng 4 na schools. Mga 3rd year high school."</i> (For the youth, we have selected 4 high schools. We are now working with the 3 rd year students of these schools.)	Monitoring and evaluation of results of Peer Counseling not easily had or absent. Peer counselors grow old and move on fast.	Counseling the Peer counselor. Regular retooling of Peer Counselors. Training of 2 nd liner Peer counselors not part of most of the projects. Protection for Peer Counselors on the streets.
Awareness Campaign on STI, HIV and AIDS to Migrant Workers and their Children	For those reached and return uninfected.	Not available in all places i.e. back door routes of migration. The incidence among OFW continues to rise.	Intensive campaign in ports of entry and exit that are not within the Department of Foreign Affairs and Bureau of Immigration's reach. Community based PDOS Follow-up of Children of OFW
IEC Materials on HIV Prevention	Young people are able to innovate or create their own.	Not enough child and youth-friendly supply. Mostly for foreign use and application.	Inventory of "good" IEC materials for children and young people's use. Common messages for children and young people facilitators/educators.
Programs and services for Affected children and young people	It is beginning in very few areas.	Very limited. Very raw. Not known by most of participants of NYPPF – thus not also known by many more children and young people.	Information dissemination regarding programs and services for affected children and young people. Priority for affected children and young people.
Premarital Counseling		<i>"Para lang sa mga mag-aasawa. Walang sex education for kids."</i> (This is just for married couples. There is no sex education for kids.)	Sex education for kids similar to the Premarital Counseling program.
UNFPA Youth Advisory	<i>"May different sectors: para sa abused children, education, teen centers. Mga counseling services binibigay naming."</i> (It attends to many sectors i.e. abused children, teen centers, education. Counseling services are provided.)	Many trained young people become "swell headed", not friendly or snobs to out-of-school young people and very poor young MARPs.	Appropriate Role Models Training on Child Protection: Keeping Children Safe
Care and Support for People living with HIV to include affected children	In Capiz, the People living with HIV are given support.	In Pampanga some of the persons living with HIV are taken for granted	Other places, there are no known support group and program for this considering there are a number of people and their families living with HIV in these areas.

These were left posted on the walls and boards of each group for everyone to view and comment on as in a "Gallery". At this point they were ready to move on to the next level of discussions and critical thinking processes. The succeeding presentations will provide the framework for analysis and further discourse among the members of the groups.

What is being done: Country Response and the Game Plan

Dr. Ferchito Avelino

Director III – Philippine National AIDS Council (PNAC) Secretariat

By Dr. Jessie Fantone

Monitoring and Evaluation Officer – PNAC Secretariat

To make more sense out of what has been produced, the participants' lenses were refracted further. Dr. Jessie Fantone, Monitoring and Evaluation Officer, PNAC, shared the notes prepared for the NYPPF by Dr. Ferchito Avelino, the Executive Director of PNAC Secretariat.

From a very brief review of the status of the Philippine AIDS Registry, Dr. Fantone moved on to orient the young people on the major National Frameworks presently being used as bases for country's responses to the HIV and AIDS epidemic. These were the Philippine AIDS Prevention and Control Act, otherwise known as Republic Act 8504 enacted in 1998. The Law mandated the promotion of public awareness on HIV and AIDS through regular and various means all over the country, as well, protection of the rights of and provision of services for all people affected and infected by HIV among others. Most important, it created the Philippine National AIDS Council (PNAC), the one body that will ensure a roadmap of response is drafted and actions in this regard will be coordinated. The present

roadmap is the 4th AIDS Medium Term Plan (AMTP IV). A 5-year game plan, it seeks to prevent the further spread of HIV infection and reduce the impact of the disease on individuals, families and communities.



While leading the walk through the roadmap, Dr. Fantone stressed that there have been numerous efforts to engage as many organizations all over the nation in the drafting, implementation and monitoring of this Plan to include children and young people. Despite these, the

recent trend of the epidemic strongly indicated vigorous immediate actions must be undertaken in the next two years. Most specifically, appropriate strategic responses for the children and young people will have to be designed and delivered in order to reverse the trend of the epidemic.

Review of the Stories of Action on HIV and AIDS by and for Children and Young People Breakout Session

With these "critical lenses", the young delegates returned to their drawing boards to review their "gallery" in order to tighten their analysis of their Good, Sad and Missing Stories based on the presentation (see previous output). After going over the results of their previous work, they found out that the information earlier provided required another run through focused only on the important details of the AMTP IV.

They all wanted to find out whether they have been truly part of the trip as "social actors" in a serious development concern that is now challenging their future. Or were they walking on a different path? Lastly, they wanted to know whether the STI, HIV and AIDS programs and service they have observed in their areas were also within the plan of the country.

Day Two 29 November 2008

Mr. Andrei Ceballos Over All Moderator

After a brief recapitulation of the highlights from the previous day's sessions and activities, the moderator briefed the delegates on the process flow of the day. The requested run through of the AMTP IV was done and the succeeding hours were spent on a continuous Breakout Sessions.

The Breakout Sessions established what needs to be done by the country together with the children and young people in the next two years. The parameter that was used was based on what the AMTP IV has laid out till 2010. In particular, from the Good, Sad and Missing Stories and the findings on the assessment of the AMTP IV, the NYPPF prioritized and recommended what and how the response must look like where they are concerned.

The Game Plan as our Playing Field

Irene V. Fonacier-Fellizar, RSW

Children and Youth Sector NGO Representative – Philippine National AIDS Council

Ms. Fonacier-Fellizar picked up from the results presented by the "Gallery", the information provided previously by the PNAC Secretariat and the request of the delegates for a run through of the AMTP IV. She engaged the young people with the relevant provisions of the Plan by requesting them to reflect on each based on whether their previous stories fit; whether the Good, Sad and Missing exercise was worth the while; and, affirm whether they are on the road or on the brinks.

As "social actors" in this development issue affecting them, Ms. Fonacier-Fellizar dared the delegates to move forward together and lay a more stable and safer road or playing field that can take them and the rest of their peers to a safer and secure future – all within the Game Plan - AMTP IV.

Charging the Force: Moving Forward Together & Bolting In Breakout Session

Having surveyed the playing field, each group buckled down to set the priority areas of action that the country and they can do together for the next two years.

In summary, these are the consolidated areas of actions recommended:

ADVOCACY

1. Enhance support from LGUs for sustainability of efforts
2. City ordinances relevant to HIV Prevention, AIDS Treatment, Care and Support
3. Focused and comprehensive attention on major cities and tourist spots
4. Allotment of government funds for responses that are good practice for replication and scale up in other areas; and, responses that show potentials in HIV prevention, AIDS Treatment, Care and Support for good practice
5. Nationwide integration of services for Prevention of Mother to Child Transmission in routine services of all health care and teen oriented facilities all over the country (public or private)



IEC/AWARENESS

1. Sustain the encouragement of Government for responses directed towards HIV Prevention
2. Nationwide promotion of HIV Prevention Information in public functions, all cinema or movie houses and shows
3. Incorporate in topic of schools the topic on HIV and AIDS. There should be more time for provided for the discussion of this.
4. Develop, produce and distribute age and sex specific entertaining tools and ways for HIV Prevention Education (theatre, puppetry, storytelling, ventriloquisms, etc.) which children and young people HIV advocates can use
5. Widely disseminate information and services on Prevention of Mother to Child Transmission

NETWORKING

1. Bridge gaps and strengthen communication between CSOs, GOs and LGUs
2. Maintain and distribute active directories for use in outreach and provision of services
3. Support more venues of dialogues and exchanges
4. Demand more participation from everybody who is anybody and anybody is everybody.

BUILDING SYSTEMS

1. Enhance the image of PNAC as "Body with the people and for the people"
2. More local AIDS Councils – up to the Barangay level where the young people live and do they HIV and AIDS work
3. Organize a counterpart AIDS Council for and by the children and Young people

The following is a more detailed presentation of their recommendations

**Proposed inclusion in the Game Plan
(Based on the AMTP IV)**

Objective 1: To increase the proportion of the population with risk-free practices

Strategy 1: Scaling-up and quality improvement of preventive interventions targeted to identified highly vulnerable groups

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Cooperation with Sangguniang Kabataan Officials</i>	DILG, LGU, Brgy Officials; Youth of the community; SK Officials; Brgy Health Workers; PIPs among the youth (January 2009 – 1 st QTR 2010)	<ol style="list-style-type: none"> 1. Advocate to SKs by Forums 2. Lobby and Talk to SK Federation at the National, Provincial and Municipal levels
<i>Promotion of Peer Teaching; Continued and Sustained capacity building of peer educators</i>	Community health outreach workers Sangguniang Kabataan Officials; NGOs (January – March 2009)	<ol style="list-style-type: none"> 1. Trainings and retooling seminars for Peer Educators 2. Quarterly refresher course [workshops held, IPC skills assessment]
<i>Localize HIV and AIDS response in barangay level and organize Brgy AIDS Councils to include children and young people</i>	Peer Educators Barangay Officials (April 2009)	<ol style="list-style-type: none"> 1. House to house orientation 2. Courtesy Calls, coordinate with Barangay officials [bgy. Ordinance re HIV and AIDS 3. IEC material distribution and posters

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Increase the number of Peer Educators in the Barangay Level</i>	Provincial AIDS Councils, Provincial Health Office, Commission on Higher Education, UNICEF (March 2009 onwards)	Conduct of Seminars, Forums, Trainings for youth in every barangay in the country
<i>Promotion of Condom Use Policy</i>	Provincial and Community Health Office, UNICEF (February 2009 onwards)	Condom Use seminars in connection with HIV Prevention
<i>Nationwide dissemination of information on PMTCT and integration into all related services and programs (private and public)</i>	Philippine National AIDS Council, Local AIDS Councils, DSWD, DepED and other government and non-government organizations, children and youth groups (as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Draft core messages in this regard 2. Produce IEC materials 3. Distribute nationwide 4. Train Health and care providers in this regard 5. Lobby with organizations with relevant services 6. Monitor integration, dissemination, delivery of services

Strategy 2 : Strengthening institutional and general public preventive interventions

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Promotion of the development and use of Educational Entertainment for HIV and AIDS modules</i>	Schools, Out of School Youths, Theatre Groups, LGUs, NGOs (2 nd Qtr of 2009, summer)	<ol style="list-style-type: none"> 1. Workshops, brown bag discussions, buzz groups and trainings 2. Develop and organize creative tools for teaching and other paraphernalia 3. Film viewing, exhibits
<i>Encourage strong Alliance between Organizations</i>	All concerned organizations and institutions (January 2009 – 2010)	<ol style="list-style-type: none"> 1. Forums, consultations, and planning sessions 2. Follow-up and monitor
<i>Cooperation with Sangguniang Kabataan Officials</i>	DILG, LGU, Brgy Officials; Youth of the community; SK Officials; Brgy Health Workers; PIPs among the youth (January 2009 – 1st QTR 2010)	<ol style="list-style-type: none"> 3. Advocate to SKs by Forums 4. Lobby and Talk to SK Federation at the National, Provincial and Municipal levels
<i>Promotion of Peer Teaching; Continued and Sustained capacity building of peer educators</i>	Community health outreach workers Sangguniang Kabataan Officials; NGOs (January – March 2009)	<ol style="list-style-type: none"> 1. Trainings and retooling seminars for Peer Educators 2. Quarterly refresher course [workshops held, IPC skills assessment]
<i>Intensify, correct & update Advocacy campaigns among all in school personnel and students;</i>	Commission on Higher Education, Department of Education, Teachers, Philippine National AIDS Council, UNICEF (beginning March 2009 onwards)	<ol style="list-style-type: none"> 1. Review messages and tools used 2. Room to room orientation 3. IEC materials distribution 4. Coordinate with principal and teachers [would include in the curriculum] 5. Lobby with CHED and DepEd to integrate STI, HIV and AIDS in curriculum at all levels

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Mass Media Campaign against STI, HIV and AIDS</i>	Program Core Groups of UNICEF, DOH, DSWD (2nd QTR 2009)	<ol style="list-style-type: none"> 1. Media Forum, Press Conferences, Plenary Discussions, workshops and group discussions 2. Lobby with Media organizations 3. IEC production
<i>Ensure that VCT is provided for free in all health centers; ensure the availability of HIV IEC materials in every health center</i>	Trained peer educators, nurses and doctors in all health centers	Train as many peer educators and health service providers in all health centers and facilities all over the country

Objective 2: To increase the access of people infected and affected by HIV/AIDS to quality information, treatment, care and support services

Strategy 3: Scaling-up and improvement of TCS services for people infected and affected with HIV/AIDS

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Increase the number of Peer Educators in the Barangay Level</i>	Provincial AIDS Councils, Provincial Health Office, Commission on Higher Education, UNICEF (March 2009 onwards)	Conduct of Seminars, Forums, Trainings for youth in every barangay in the country
<i>Ensure that VCT is provided for free in all health centers; ensure the availability of HIV testing materials in every health center</i>	Trained peer educators, nurses and doctors in all health centers	Train as many peer educators and health service providers in all health centers and facilities all over the country
<i>Conduct Inter-province or regional young people's fora on STI and HIV prevention, AIDS treatment, care and support</i>	Governmental and non-governmental organizations, Philippine National AIDS Council, UNICEF, Positive Community and all represented in the 1st NYPPF (April 2009 onwards) (February 2009)	<ol style="list-style-type: none"> 1. Multi-sectoral networking among children and young peoples' organizations/groups 2. Outreach to these organizations/groups
<i>Support the organization of HIV and AIDS Young Peoples' Councils to include Affected children and young peoples' groups</i>	Governmental and non-governmental organizations, Philippine National AIDS Council, UNICEF, Positive Community and all represented in the 1st NYPPF (April 2009 onwards)	<ol style="list-style-type: none"> 1. Mapping of Children and young people's organizations/groups 2. Provide venue for these organizations/groups to be linked 3. Lobby for local support of these organizations/groups
<i>Nationwide dissemination of information on PMTCT and integration into all related services and programs (private and public)</i>	Philippine National AIDS Council, Local AIDS Councils, DSWD, DepED and other government and non-government organizations, children and youth groups (as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Draft core messages in this regard 2. Produce IEC materials 3. Distribute nationwide 4. Train Health and care providers in this regard 5. Lobby with organizations with relevant services 6. Monitor integration, dissemination, delivery of services

Objective 3: To improve accepting attitudes towards people infected and affected by HIV/AIDS

Strategy 4: Integrated stigma reduction measures in the preventive treatment, care and support services and in the design of management systems

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Localize HIV and AIDS response in barangay level and organize Brgy AIDS Councils to include children and young people</i>	Peer Educators Barangay Officials (April 2009)	<ol style="list-style-type: none"> 1. House to house orientation 2. Courtesy Calls, coordinate with Barangay officials [Barangay Ordinance re HIV and AIDS 3. IEC material distribution and posters
<i>Mass Media Campaign against STI, HIV and AIDS</i>	Program Core Groups of UNICEF, DOH, DSWD (2nd QTR 2009)	<ol style="list-style-type: none"> 1. Media Forum, Press Conferences, Plenary Discussions, workshops and group discussions 2. Lobby with Media organizations 3. IEC production
<i>Nationwide dissemination of information on PMTCT and integration into all related services and programs (private and public)</i>	Philippine National AIDS Council, Local AIDS Councils, DSWD, DepED and other government and non-government organizations, children and youth groups (as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Draft core messages in this regard 2. Produce IEC materials 3. Distribute nationwide 4. Train Health and care providers in this regard 5. Lobby with organizations with relevant services 6. Monitor integration, dissemination, delivery of services

Objective 4: To improve the efficiency and quality of management system in support of HIV/AIDS program and services

Strategy 5: Strengthening and institutionalization of management system in support of delivery of HIV/AIDS information and preventive services

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Enhance support from LGU's through ordinances for sustainability as prescribed by RA 8504</i>	Local Government Units, Non-government organizations (beginning February 2009 onwards)	<ol style="list-style-type: none"> 1. Conduct courtesy calls and discussions with Officials; seek help and their support 2. Forum for local legislative members
<i>Encourage strong Alliance between Organizations</i>	All concerned organizations and institutions (January 2009 – 2010)	<ol style="list-style-type: none"> 1. Forums, consultations, and planning sessions 2. Follow-up and monitor
<i>Creation of Technical Working Group or Technical Working Committee that is well represented by concerned agencies and organizations in Cities or Municipalities</i>	Program Core Groups of UNICEF, DOH, DSWD to include City Health Office (1st QTR 2010)	Forums and discussions [functional TWGs with Programs and services on HIV and AIDS

Areas of Action	Responsible Sectors/ Organizations	Suggested Activities
<i>Conduct of research or come up with regular situationer of children and young people re STI, HIV and AIDS; Implementation of regular dissemination of these research studies conducted</i>	Concerned organizations/groups (start as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Create a core group that will develop the research plan among the children and young peoples 2. Identify partner organizations and groups who will participate in the research
<i>Inclusion of children and young peoples in the monitoring and evaluation of the National, regional and local HIV plans and actual responses</i>	Philippine National AIDS Council, Local AIDS Councils, other government and non-government organizations, children and youth groups (as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Develop monitoring and evaluation tools that children and young peoples' can use 2. Train as many children and young people to be able to do so 3. Engage children and young people in the actual tasks
<i>Active inclusion of Faith organizations in the work of children and young people on HIV and AIDS</i>	Philippine National AIDS Council, Local AIDS Councils, other government and non-government organizations, children and youth groups (as soon as possible and onwards)	<ol style="list-style-type: none"> 1. Link Faith organizations with children and young peoples' groups 2. Create Forums for both groups to discuss and work together on STI, HIV and AIDS in all levels of LGUs

Regardless of region, province and organization the NYPPF delegates were from, the consolidated recommendations have been approved by them.

These were initially posted on the "Gallery" for everyone to finally view and appreciate. Guests from other organizations, including Media were able to go through the results of their final process.

The young people delegates have finally "bolted in" as one body that will seek ways to make sure their recommendations are considered for the next two years of the National Response.



Closing Ceremony

Response

Dr. Yolanda E. Oliveros

**Director IV, National Communicable Disease Prevention and Control Program
Department of Health**

In her brief talk, Dr. Oliveros informed the delegates that a DOH Staff Meeting chaired by the Secretary of Health Dr. Duque was just concluded in Baguio City. The discussion there was on ensuring “Healthy Lifestyles” among the Filipinos. HIV is a lifestyle-related infection. Thus, through her Program, she will ensure that activities like this will continue to be part of sustaining positive lifestyle among children and young people. Noting the recommendations on “Gallery”, she stressed that these are exactly what are needed as essential inputs and guidance in the design of the enhanced AMTP IV, as well as, the programs on-going in the DOH.

As Chair of the Committee on Children and HIV under the CWC, she assured the delegates that these recommendations will not go to the brinks. These will form part of the strategic plans that the Committee will make take on with the young people. Dr. Oliveros ended her talk by acknowledging all the young representatives, the members of the Organizing Committee as well as the Young People Meeting Animators that steered the event.

Ms. Irene V. Fonacier-Fellizar was called in by the Overall Moderator to give a few words. After expressing her gratitude to all the young people for giving up precious time just to work very hard these past days, she engaged the delegates instead to articulating their next moves. The next page embodies most of what they declared they will do to pursue the end result they all expected.

The distribution of certificates of appreciation to the participants that followed soon after marked the beginning of the processes towards the 2nd NYPPF. A group composed of volunteers from the delegates and the Meeting Animators sat down with the Technical Consultant to put together the individual commitments to the recommendations submitted by the delegates. The following draft ‘Statement of Commitment’ is expected to be reviewed, enhanced, finalized and immediately applied as soon as this report has reached all of them.



Statement of Commitment

As young persons and citizens of the 1st National Young People's Forum, WE, the 50 children and young people coming from the different provinces representing the three regions of the country, will seek all means possible to make sure our participation in this event will not go to the brinks. WE will keep within the tracks of the National AIDS Road map, now and until we see the Vision to fruition, through the following:

Formation of Core Group of children and young people- representing all the sectors of our concern – to watch over, follow through and report on the progress of the trail these recommendations is going to our peers;

Provide the role model of responsible behavior for other children and young people and many adults;

Allot precious time apart from our other child and young people concerns, to share all information on HIV Prevention, AIDS Treatment, Care and Support we were lucky to have been taught – to our peers;

Seek new, updated and correct information in this regard for our own use and sharing with others;

Engage and participate actively in mobilizations or activities – whether major or in small groups necessary for our advocacies to bear results;

Become a contributing member of children or young people's organizations relevant issues to help make sure our voices will be heard and considered;

Learn skills and study further information that will make our voices louder and our rights protected in ways that respect other peoples' rights as a matter of responsibility.

Many Calls for Actions and Statements of Commitments have been made by our peers in the past – Internationally and Locally. OUR VOICES have not been fully heard and understood. This is maybe one of the reasons why HIV and AIDS continue to gravely affect many more of us.

Together with the organizers of this event, WE are sure we will truly be able to unleash the FORCE needed to CHANGE the direction of HIV in our lives as well as the lives of others.

**Delegates to the 1st National Young People's Planning Forum
28 – 29 November 2008
Ateneo de Manila University**



DIRECTORY OF PARTICIPANTS

NAMES	ORGANIZATIONS
Visayas	
1. Valiente, Sarah Jane 2. Lopez, Anthony	<i>Kabataan News Network (KNN)</i> Capiz, Roxas City
3. Arias, Jose Paul	<i>World Vision</i> Tacloban City, Northern Leyte
4. Lagutan, Raymond Johann Paulo	<i>KAKAMPI - Tacloban City</i>
5. Ceballos, Andrei 6. Nolasco, Jhon Francel 7. Ignacio, Richelle Joy	<i>Kabataan Gabay sa Positibong Pamumuhay, Inc. (KGPP)</i> Iloilo City, Iloilo
8. Calapoan, Grethel	<i>Society of the Divine Word (SVD)</i> Cebu City
9. Murata, Ma. Doreen Era 10. Tejada, Jan Jay S.	<i>Provincial AIDS Council of Aklan/UNFPA</i> Kalibo, Aklan
Mindanao	
11. Cortez, Michelle Ann	<i>Lawig Bubai</i> Davao City
12. Golosinda, Cindy Asgar	<i>Talikala</i> Davao City
13. Tortal, Marivic 14. Tortal, Dolores (Chaperon)	<i>Babae Plus</i> Davao City
15. Daul, Shengma 16. Jumadil, Julhissin 17. Antao, Sittie Rokajayah 18. Acosta, Luvina (Animator)	<i>Human Development and Empowerment Services (HDES)</i> Zamboanga City
19. Rober, Ryan B 20. Quilla, Amario A.	<i>Human Development and Empowerment Services (HDES)</i> Pagadian City
Luzon	
21. Tamang, Anthony 22. Bautisata, Arsenio 23. Simon, Beverly C. (Chaperon)	<i>Child and Family Services on the Philippines, Inc. (CFSPI)</i> Baguio
24. Oliva, Elonie Jean	<i>PLAN International - Bulacan</i>
25. Rimbao, Aldwin B 26. Marquez, Arjay	<i>Bicol Reproductive Health Network (BRHN) - BERKS</i> Legaspi City
27. Atacador, Jerome	<i>UNFPA - YAP - Masbate & Legaspi City</i>
28. Albarda, Christian Robin 29. Cabardo, Mark Anthony	<i>PREDA</i> Olongapo City
30. Patropez, Grace	<i>World Vision</i> Cavite
31. Eroles, Joseph	<i>Babae Plus</i> Pampanga
National Capital Region	
32. Nicodimus, Lawrence (Animator) 33. Almonte, Titus Gregory Angelo E. (Animator)	<i>KAKAMPI - NCR</i>
34. Cataan, Joseph 35. Apin, Tin 36. De Guzman, Nicai	<i>Kabataan News Network (KNN)</i> NCR

37. Andia, Jerry G. 38. Lim, Christian John	<i>Education, Research and Development Assistance (ERDA) Sabana</i> NCR
39. Jacobe, Proceso C. Jr. 40. Dublin, Neil C.	<i>Pag-Asa Youth Movement – DSWD</i> Central Office
41. Lisondra, Lady Nancy	<i>UNFPA-YAP</i> NCR
42. Taher, Maryam	<i>Lunduyan</i> NCR
43. Llave, Khyvin 44. Andrade, Ma. Cassandra 45. Duque, Mildred (Chaperon)	<i>Babae Plus</i> NCR
46. Tarroza, Rowie 47. Inventor, Ma. Irene E. 48. Dayto, Richie T.	<i>Batang Laging Umiiwas sa Tiyak na Impeksiyon (BALUTI) – Save the Children US</i> NCR
49. Navarro, Michelle E. (Animator)	<i>Positive Action Foundation of the Philippines, Inc. (PAFPI)</i> NCR
50. Caparida, Jay Adrian (Animator)	<i>PAMA-Q</i> NCR
51. Ordovez, John Paul (Animator)	<i>LUNDUYAN</i> NCR
52. Pajarillo, Essa (Animator)	<i>LUNDUYAN</i> Animator
Speakers and Guests	
53. Commissioner Cajés, Jane Censoria (President)	<i>Sangguniang Kabataan National Federation</i>
54. Maghacot, Pacifico F.	<i>Representative of Mayor Sonny Belmonte, Quezon City</i>
55. Dr. Oliveros, Yolanda E. (Director IV) 56. Dr. Belimac, Jose Gerard B. 57. Dr. Daño, Ethel	<i>National Center for Disease Prevention and Control – DOH</i> <i>National Center for Disease Prevention and Control – DOH</i>
58. Dr. Samonte, Genesis	<i>National Epidemiology Center - DOH</i>
59. Dr. Fantone, Jessie	<i>Philippine National AIDS Council Secretariat</i>
60. Bagasao, Teresita Marie P. (Country Coordinator for the Philippines)	<i>UNAIDS</i>
61. Dr. Marinus Gotink (Chief, Health and Nutrition Section)	<i>UNICEF</i>
62. Gudrun Nadoll (HIV and AIDS Specialist)	<i>UNICEF</i>
National Organizing Committee Members	
63. Lyndon Plantilla	<i>Philippine Information Agency</i>
64. Salcedo, Ma. Consolacion 65. Mojica, Normina E.	<i>Council for the Welfare of Children (CWC)</i>
66. Padua, Rosanna	<i>Kabataan News Network</i>
67. Dychinco - Sevidal, Nelia	<i>Lunduyan para sa Pagpapalaganap, Pagtataguyod at Pagtatanggol ng Karapatang Pambata (Lunduyan)</i>
68. Fellizar, Jan Eidric Kyne (Logo Design and Layout Artist)	<i>Lunduyan</i>
69. Rodil, Norberta (Tech. Asst./Documenter)	<i>Lunduyan</i>
70. Fonacier-Fellizar, Irene V. (Technical Consultant)	<i>Philippine National AIDS Council</i>



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