

HIV/AIDS Prevention in the Philippines:
**Reaching Out to Most-at-Risk
Populations (ROMP)**

Quarterly Report FY13 (Q2)

January 1 to March 31, 2013



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THE SECRET OF AMONGUS LIVES

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Acronyms

ADB	Asian Development Bank
AIP	Annual Implementation Plan
AOR	Agreement Officer's Representative
APRO	Asia Pacific Regional Office
CHD	Center for Health Development
COP	Chief of Party
CPS	Comprehensive Package of Services
DOH	Department of Health
FGD	Focus Group Discussion
FHI 360	Family Health International
FY	Fiscal Year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
IMPACT	Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis
IHBSS	Integrated HIV Behavioral and serologic Surveillance
IRB	Institutional Review Board
LGBT	Lesbians, Gay, Bisexual and Transgender
LGU	Local Government Unit
logframe	Logical Framework
MARP	Most-At-Risk Population
MSM	Males having Sex With Males
NASPCP	National AIDS/STI Prevention and Control Program
NEC	National Epidemiology Center
NGO	Non-Governmental Organization
OH	Office of Health
PBSP	Philippine Business for Social Progress
PDI	Peer Driven Intervention
PHSC	Protection of Human Subjects Committee
PMP	Performance Management Plan
PNGOC	Philippine NGO Council on Population, Health and Welfare
PWID	People Who Inject Drugs
ROAA	Regional Acquisition and Assistance Office
ROMP	Reaching Out to Most-at-Risk Populations
TWG	Technical Working Group
USG	United States Government
USAID	United States Agency for International Development
USPF	University of Southern Philippines Foundation
WB	World Bank
WHO	World Health Organization

Executive Summary

The FY13-Q2 report of FHI 360 and its implementing partner, PNGOC for the USAID-funded ROMP Project (Cooperative Agreement No. AID-492-A-12-00008) covers the period January 1 to March 31, 2013. Of the committed activities for this period, only the *Validation and Operational Planning Workshop for PWID* was accomplished by the ROMP Project because of the decision to review, sharpen, and further focus ROMP Project's strategies and introduce innovative HIV/AIDS interventions to the MSM and PWID CPS models. Consequently, all planned field-level activities were held in abeyance pending the revision of ROMP Project strategies and activities.

After consultation and planning meetings with USAID and DOH by FHI-Philippines and APRO (Bangkok Regional Office) staff, it was agreed that the revised ROMP Project design will aim to develop intervention models to reach MSM and PWID at highest risk and provide a comprehensive prevention to care intervention package that DOH can recommend to LGU for programming. To accomplish this, the project will provide assistance to Quezon City (for the MSM component) and the tri-city in Metro Cebu (for the PWID component) on:

- Strengthening the capacity of existing peer education for venue-based outreach programs to motivate prevention and health-seeking behaviors;
- Piloting an intensive, time-bound PDI targeting highest-risk individuals through their sexual and social networks;
- Strengthening facility-based peer education to motivate HCT, results notification, follow-up testing, and the use of prevention commodities;
- Piloting a case management approach for HIV+ MSM and PWID to increase initiation, retention in and adherence to treatment.

The new ROMP Project design was vetted to LGU partners from Quezon City and the Cebu Tri City and the HIV TWG (that included representatives from DOH, WHO-WPRO, GFATM, UNAIDS, among others). After some clarifications on operationalization of activities and despite reservations on sustainability, the design was deemed logical, promising and worth testing.

FHI 360 worked on the HIV/AIDS Results Framework and the ROMP Project's logframe and after a series of trainings from and consultations with USAID and technical inputs from FHI 360 APRO, the USAID AOR and Project Management Specialist approved these and instructed FHI 360 to incorporate these in the ROMP Project AIP and PMP that are due for submission to USAID on May 15, 2013. Because of the changes in the ROMP Project activities and the change in implementation arrangement for the PWID component as a result of USPF's withdrawal in FY13-Q1 as ROMP's implementing partner, FHI 360 had to work on amending the ROMP Project Cooperative Agreement with USAID.

Pending USAID approval of the revised AIP, the ROMP Project requested USAID concurrence for the implementation of urgent preparatory activities that are prerequisites before other ROMP activities could move forward. USAID agreed that the ROMP Project proceed with the conduct of the Rapid Qualitative Assessment: *"Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines"* which will inform the design of key messages, communications materials, and activities under the ROMP Project. The assessment protocol and the conduct of the FGDs were approved by USAID on March 19, 2013 and the assessment will proceed in FY13-Q3.

Other FY13-Q2 activities of the ROMP Project were:

- Meeting with Tom White (Deputy Director of RDMA Bangkok's Governance and Vulnerable Populations Office) that aimed to raise awareness about the new USG policy on the human rights of Lesbians, Gays, Bisexuals and Transgender (LGBT) people.
- Participation in the IMPACT Project Workshop where the synergies between activities of the ROMP and IMPACT Projects were identified
- Participation in the USAID/Philippines Office of Health Start-Up Workshop where USAID-OH program directions and guidelines for compliance with USAID requirements were discussed.

Major FY13-Q3 planned activities are:

- SBC Strategy Planning Workshop where the overarching and integrated behavioral communication strategy specific for MSM and PWID will be drafted (April 22-24, 2013)
- Operational Planning for MSM Component where the operational details of the ROMP Project strategies will be fleshed out (May 7, 2013)
- Development of Training Curriculum and Materials for MSM Facility based Peer Education Training (May 20-22, 2013)
- Development of Training Curriculum and materials for PWID Facility based Peer Education Training (May 27-29, 2013)
- Training for MSM Peer Educators (June 10-14, 2013)
- Training for PWID Peer Educators (June 24-28, 2013)

The ROMP Project was unable to proceed as quickly as planned because of:

- Major revisions in the AIP and PMP which entailed resubmission of the ROMP Project budget to USAID ROAA for approval consequently delaying operations and activities implementation
- Waning interest from proposed project personnel for the PWID component in Cebu because of the prolonged wait for contracting
- Limited pool of qualified local PWID consultants
- Tight project funding

For FY13-Q2, the ROMP Project incurred a burn rate of 21.67% percent. As field level activities were put on hold (pending the revision and approval of ROMP strategies and new activities) budget utilization for both FHI360 and PNGOC executed activities was low.

A. Introduction

Family Health International 360 (FHI 360) and its sub-awardee, Philippine NGO Council on Population, Health and Welfare (PNGOC) respectfully submit to the United States Agency for International Development (USAID) the second quarterly (Q2) report for the “*HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)*” Project, in compliance to Cooperative Agreement No. AID-492-A-12-00008. This report covers the period January 1 to March 31, 2013.

B. Summary of Major Activities and Accomplishments during Fiscal Year (FY) 2013 – Q 2 (January 1 to March 31, 2013)

Of the committed activities for FY 2013-Q2, only the *Validation and Operational Planning Workshop for PWID* was accomplished by the ROMP Project. The workshop was held on February 7, 2013 in Cebu City where, the ROMP Project design and detailed activities were presented, the findings of the rapid assessment among PWID was discussed, per city project operational plans were drafted, and the ROMP’s performance management plan (PMP) was presented.

After this workshop, however, USAID requested to review, sharpen, and further focus ROMP Project’s strategies and introduce innovative HIV/AIDS interventions as part of the MSM and PWID Comprehensive Package of Services (CPS) models to be implemented/tested in the project sites. Consequently, all planned field-level activities were held in abeyance pending the revision and enhancement of ROMP Project strategies and intervention activities.

B.1. Enhanced ROMP Project Strategies and Intervention Activities

A team from FHI 360 Asia Pacific Regional Office (APRO) composed of Stephen Mills, PhD, MPH¹ and Matt Avery² worked with the ROMP Project Team in Manila to review and hone the project strategy and interventions through consultations with the Department of Health (DOH) and USAID. Review of relevant literature, including the results of MSM and PWID program rapid assessments in the project sites completed in the previous quarter was also done. The enhanced ROMP Project design was presented to USAID on February 15, 2013 and subsequently to DOH program partners.

Working on the comments, clarifications raised and suggestions received on the revised ROMP project design, the FHI 360 Philippines Team, together with Ms. Jackie McPherson³, presented a more detailed description of the ROMP Project interventions to USAID on March 8, 2013. The ROMP Project will aim to develop intervention models to reach MSM and PWID at highest risk and provide a comprehensive prevention to care intervention package that DOH can recommend to local government units (LGU) for programming. To accomplish this, the project will provide assistance to Quezon City (for the MSM component) and the tri-city in Metro Cebu (for the PWID component) on:

- Strengthening the capacity of existing peer education for venue-based outreach programs to motivate prevention and health-seeking behaviors;
- Piloting an intensive, time-bound peer driven intervention (PDI) targeting highest-risk individuals through their sexual and social networks;

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- Strengthening facility-based peer education to motivate HIV Counseling and Testing (HCT), results notification, follow-up testing, and the use of prevention commodities;
- Piloting a case management approach for HIV+ MSM and PWID to increase initiation, retention in and adherence to treatment.

From this meeting, FHI360 was asked to revise the Annual Implementation Plan (AIP) and PMP based on the enhanced ROMP Project design. These were submitted to USAID on April 4, 2013 (Annexes A and B). These submissions, however, need additional adjustment as the ROMP results framework and logical framework (logframe) were further refined through a series of meetings with USAID and were only approved in April 19, 2013. The final AIP and PMP are expected by USAID to be submitted on May 15, 2013 (discussed below).

At the request of the National AIDS/STI Prevention and Control Program (NASPCP)-DOH, a project narrative was also prepared, shared and discussed and was also given concurrence by the NASPCP-DOH (Annex C).

B.2. HIV/AIDS Results Framework and ROMP Project Logical Framework

Beginning February 8, 2013, FHI 360 participated in trainings, meetings and technical consultations with FHI 360 APRO to finalize the HIV/AIDS Results Framework and the ROMP Project logframe. Indicative Results Framework (Annex D) and logframes (Annexes E-G) were agreed on by FHI 360 and the USAID AOR and Project Management Specialist on April 19, 2013 and due for submission to USAID on May 15, 2013 together with the revised ROMP Project AIP and PMP.

B.3. Conduct of Rapid Qualitative Assessments Among MSM and PWID as Input to the Development of the ROMP Project Strategic Behavioral Communication Framework

Pending USAID approval of the revised AIP, ROMP requested USAID concurrence for the implementation of urgent preparatory activities that are prerequisites before other ROMP activities could move forward.

USAID agreed that ROMP proceed with the conduct of the Rapid Qualitative Assessment: *“Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines”*. The assessment will generate qualitative information regarding key HIV prevention behaviors (condom use and non-sharing of needles) and uptake of HIV/AIDS clinical services (HCT and antiretroviral therapy) in order to inform the design of key messages, communications materials, and activities of the ROMP project in Quezon City and the Cebu Tri-city. The findings will be used to inform program design and the creation of a strategic behavioral communication (SBC) framework to be integrated across all ROMP program components. Likewise, the assessment will gather information that will guide the implementation of intensive, PDI among the two target populations. The assessment protocol (Annex H) and the conduct of the focus group discussions (FGD) was approved by USAID on March 19, 2013. FHI 360 Protection of Human Subjects Committee (PHSC) approval was secured on March 26, 2013 and Local Institutional Review Board (IRB) approval was given by the UPecon Foundation on March 27, 2013.

Preparatory activities and the actual conduct of focus group discussions will be from April 1-12, 2013 with Mr. Mikael Navarro as the consultant for the MSM component and Dr. Ethel Dano as the consultant for the PWID component. Information from this assessment will input to the SBC strategy planning workshop from April 22-24, 2013.

B.4. Amendment to the ROMP Cooperative Agreement

Change in implementation arrangements for the PWID Component

The non-governmental organization (NGO) partner identified for the ROMP PWID component, the University of Southern Philippines Foundation (USPF), had previously informed FHI 360 of their withdrawal from the project. Its board collectively decided that USPF will already veer away from PWID-related work and focus on other priority community development projects. Given the board's decision, USPF could no longer sign a sub-agreement for the ROMP project with FHI 360.

A market analysis of other local NGOs in the area that might have the experience and expertise to conduct the scope of work under the ROMP Project was conducted. Unfortunately, no other Cebu-based NGO possess the level of experience working with PWID. After consultations with and agreement of the NASPCP-DOH, DOH-Center For Health Development (CHD) 7, LGU and project partners, FHI 360 proposed to engage PNGOC as the NGO partner for the PWID Component of ROMP. PNGOC has expressed its interest and willingness to take on the additional tasks for the PWID interventions.

PNGOC brings to the ROMP Project experience in PWID programming having implemented PWID interventions in Cebu City (Barangay Kamagayan) and in 11 other municipalities under the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Round 3 and Round 5 (for a total project duration of 8 years). Activities included IEC/BCC interventions delivered through a network of outreach peer educators, support group activities, learning group sessions, and household visits, among others.

A formal request for the change in implementation arrangements for the PWID component was communicated to USAID. As PNGOC is also the NGO partner for the ROMP MSM component, FHI 360 prepared an amendment to the existing PNGOC sub-agreement to reflect the additional work for the PWID Component. Signing of the amended PNGOC agreement is awaiting formal USAID concurrence on the request for change in implementation arrangements for the PWID component.

Revision of the ROMP budget

With the revised project strategies and interventions already agreed with DOH and USAID, the ROMP project team was then instructed to revise the entire ROMP budget (FHI 360 component and PNGOC component) for review and approval of USAID Regional Acquisition and Assistance Office (ROAA). The project team held a series of consultation meetings with PNGOC and with FHI 360 APRO to review the budget, align it with the current strategies and activities. The revised ROMP budget was submitted by FHI 360 APRO to USAID Manila on April 17, 2013.

B.5. Other Activities/Accomplishments

I. Partner Meetings

1. Quezon City partners meeting (February 22, 2013)

FHI 360 and USAID met with the Dr. Antonieta Inumerable, Quezon City Health Officer, and her team to discuss the re-strategized ROMP activities that included the PDI recruitment and facility-based peer education which emphasized motivational interview approaches. Dr. Inumerable was in agreement that the strategy is far better than the current traditional outreach peer education and is worth testing because it provides more opportunities for contact between service providers and MSM clients, it goes beyond peer teaching and has specific activities for behavior change, and, it has a prescribed protocol for case management. Her reservation is sustainability of the strategy beyond project life.

2. Cebu partners meeting (March 11-12, 2013)

- Meeting with Lapu-Lapu City Health Office– Dr. Rodolfo Berame
- Meeting with Cebu City SHC Physician – Dr. Ilya Abellanos
- Meeting with NASPCP Manager – Dr. Gerard Belimac

In these meetings, project partners were briefed by the ROMP Project Chief of Party (COP) on the new ROMP Project strategy. NASPCP agreed with the new strategy and Lapu-Lapu and Cebu cities also expressed willingness to collaborate with the project and implement the revised project interventions. Questions from NASPCP and LGUs on specific components/activities of the PWID CPS model were clarified. LGU partners felt that positive support for the project from Lapu-Lapu (and Mandaue) is unlikely to change after the May 13, 2013 elections as their local chief executives are running unopposed.

3. ADB Big Cities Project Consultation Meeting

The ROMP Project participated in the strategy consultation meeting and design workshop called by the DOH for the Asian Development Bank (ADB) and the World Bank (WB) for a new initiative titled, *HIV Prevention in Big Cities Project* held in Manila Grand Opera Hotel. Here, FHI 360 contributed relevant information/situationer needed by the project, including a brief overview of the ROMP revised strategy and planned activities. However, at this time, project sites for MSM and PWID component of the ADB project has not been finalized and specific project activities also were not yet elaborated.

4. HIV TWG Meeting (20 March 2013)

In this meeting, the COP presented the revised ROMP strategy and project activities. The World Health Organization (WHO) representative said that the revised strategy was good including the new approach of reaching MSM and PWID in the community and recruiting them to ROMP interventions. WHO also liked the idea of developing *Klinika Bernardo* as a referral facility for MSM which will be packaged and promoted as a male Reproductive Health clinic.

The following are some clarifications raised on the ROMP Project and the responses provided:

- a. DOH (Chair) on facilities to be strengthened - Social Hygiene Clinics (SHC) were selected to be strengthened, given their ongoing work with the most-at-risk-populations (MARPs). Selected services (e.g. HCT) are also available in these facilities which could be directly linked to SBC interventions. As SHCs are operated by LGUs, sustaining the interventions beyond project life will have greater chances.
- b. GFATM and WHO on incentives – primary incentives will be provided as a reward for participation, secondary incentives will be provided as a reward for recruiting others to be enrolled into the interventions. Incentives will serve to motivate/attract clients to go to the selected health facilities. Planned FGDs will help determine the incentives acceptable to MSM and PWID.
- c. DOH (Chair) on text messaging – texting service will be developed for both MSM (TXTBro) and PWID components (TXTBai). Tailored messages will be guided by the SBC Strategy to be developed by ROMP.
- d. DOH on Training of Peer Educators – facility based peer educators will be trained on motivational approaches. Trainings are planned to be conducted in June 2013. Selected outreach peer educators (of Quezon City and GFATM in Cebu) will also be included in the training.

5. Meeting with DOH on Linking the Integrated HIV Behavioral and Serologic Surveillance (IHBS) to ROMP Interventions (March 20, 2013)

FHI 360, with USAID, met with Dr. Genesis Samonte of the National Epidemiology Center (NEC)-DOH to discuss the potential for IHBSS and HCT interface. Based on the current IHBSS protocol, HIV testing is anonymous-unlinked and therefore no official test results are released. In the event that participants decide to know their test results, they are directed to have separate blood specimens drawn which are then entered into the HCT system.

The ROMP Project is exploring the possibility of offering to IHBSS participants the option to decide if they want to know their test results. The linking may be tested during the IHBSS for PWID scheduled in June 2013. NASPCP expects that the ROMP Project trained peer educators should provide the counseling and enlist clients to subsequent case management. Given the timeline, trained peer educators will not be available yet. Likewise, the IHBSS clients are the likely recruits of ROMP Project's PDI. Given these, it was agreed to defer the activities till the next IHBSS. ROMP should continue preparing for possible implementation during the 2015 IHBSS, taking into consideration that a new testing algorithm may already be in place by then which will allow early release of results with the use of rapid testing kits without Western Blot confirmation. Discussions on possible effects to IHBSS client recruitment and how to mitigate these should be continued. The activity will not be included in the ROMP workplan.

II. USAID/Other Cooperating Agency Meetings

1. Meeting with Tom White (Deputy Director of RDMA Bangkok's Governance and Vulnerable Populations Office)

The meeting aimed to raise awareness on the new United States Government (USG) policy regarding the human rights of Lesbians, Gays, Bisexuals and Transgender (LGBT) people. US President Obama and Secretary Clinton declared that the advancement of human rights for LGBT people is a US foreign policy goal. ROMP was informed that RDMA/GVP is implementing "Being LGBT in Asia" with UNDP as partner, covering over a dozen countries throughout the region, with the main purpose of engaging with LGBT populations in countries where USAID is working and carrying out a review/assessment of the social and legal issues affecting them therein. The Philippines is one of the priority countries.

The COP provided a situationer for MSM (and PWID) and an overview of the ROMP strategy and activities and clarified questions raised about the ROMP Project. For communication promotions (e.g. messaging service) to be developed under the project, it was suggested that ROMP reach out to the B Change project which could potentially provide insights given its experience in the use social media platforms. Eventually B-Change was invited to and participated in the SBC Planning Workshop conducted in Quezon City from April 22-24, 2013.

2. USAID/Philippines Office of Health Start-Up Workshop (March 22, 2013)

The workshop aimed to share to USAID-OH cooperating agencies the USAID program directions and guidelines for compliance with USAID requirements. Likewise, it provided a venue for all CAs to get to know each other. As an offshoot of the meeting, FHI 360 is interested to be better informed in the area of fraud awareness (as discussed by Special Agent Noel Anderson of the Office of Regional Inspector General) and communications and outreach (as discussed by Mrs. David Dereck Golla VI and Ezekiel Laurence Enrique). Since the ROMP Project staff is quite lean, the team may join other CAs when they get their full orientation.

3. IMPACT Project Workshop (January 10-11, 2013)

A workshop held at Heritage Hotel for tuberculosis prevention and control partners was called by the Philippine Business for Social Progress (PBSP) to plan for the USAID-funded Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT) Project. PBSP presented the

thrusts of the IMPACT Project, the synergies with DOH, other cooperating agencies and development partners, the initial efforts in developing the USAID logical framework for the tuberculosis program element and project indicators. Both IMPACT and ROMP Projects will operate in Quezon City and the Tri City in Cebu Province. It was agreed that the ROMP Project will review the SHC systems and procedures on tuberculosis management and ensure alignment with the revised administrative order 2008-0022 (*Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control*), orient SHC service providers on the operationalization of the revised AO and monitor its implementation. In compliance to current standards, all HIV positive patients should be referred to TB treatment centers for MDR TB screening.

C. Major Project Activities Planned for Fiscal Year 2013 – Quarter 3 (April 1 to June 30, 2013)

1. SBC Strategy Planning Workshop

One key component of the ROMP project is the development of an overarching integrated behavior change communications strategy to ensure that information, key messages, and activities conducted under this project are applicable to the epidemiological context, acceptable and relevant to the target populations and delivered with sufficient intensity and through appropriate channels to effectively impact on key prevention and health-seeking behaviors.

The SBC Strategy will identify and segment target audiences according to key demographic, behavioral and/or psychographic variables; analyze target audiences' key risk factors (existing knowledge, beliefs and behaviors) and competition (knowledge gaps, misperceptions, attitudes, behaviors, or situations); determine key knowledge, attitude and behavioral objectives for an integrated communications strategy; draft marketing strategies around the Four P's (Product, Price, Place and Promotion) and complete a Creative Brief; and create an implementation plan to carry out the above-identified marketing strategies.

For this purpose an SBC Planning Workshop will be conducted from 22-24 April 2013 at Fersal Hotel – Kalayaan in Quezon City.

By the end of the workshop, participants will be able to:

- Describe FHI360 SBC framework and brand attributes
- Identify and segment target audiences for SBC strategy according to key demographic, behavioral and/or psychographic variables
- Analyze target audiences' key risk factors (existing knowledge, beliefs and behaviors) and competition (knowledge gaps, misperceptions, attitudes, behaviors, or situations)
- Determine key knowledge, attitude and behavioral objectives for an integrated communications strategy
- Draft marketing strategies around the Four P's (product, price, place and promotion) and complete a Creative Brief
- Create an implementation plan to carry out the above-identified marketing strategies

2. Operational Planning for MSM Component (May 7, 2013)

The MSM component of the revised ROMP Project strategy and interventions had earlier been discussed with and concurred by the Quezon City Health Department. An overview of the MSM Project interventions had also been presented and discussed in the QC HIV TWG last April 19, 2013. In this meeting, it was agreed that a detailed operational planning will be conducted, inviting key partners and stakeholders for ROMP interventions in Quezon City.

3. Development of Training Curriculum and Materials for MSM Facility based Peer Education Training (May 20-22, 2013)

4. Development of Training Curriculum and materials for PWID Facility based Peer Education Training (May 27-29, 2013)

Key to the delivery of the CPS for MSM and PWID are peer educators who will be based in identified LGU health facilities. These facility based peer educators are envisioned to provide more intensive interventions to encourage health seeking, preventive and treatment behaviors. The existing training for peer educators, however, is more geared towards outreach and focuses on peer teaching rather than motivational approaches.

Under ROMP, training curricula and materials for use of facility based MSM and PWID peer educators will be developed separately to support capacity building activities. These training for facility based peer educators are also envisioned as a second level (or advanced) training to be provided to peer educators who had completed the “basic” training curriculum for outreach activities. The motivational based interviewing material (*Safe Talk*) originally developed by the University of North Carolina will be adapted for use of MSM and PWID peer educators.

5. Conduct of Training for MSM Peer Educators (June 10-14, 2013)

6. Conduct of Training for PWID Peer Educators (June 24-28, 2013)

With the completion of training curricula and materials for MSM and PWID peer educators as described above, training of identified facility based Quezon City MSM peer educators and Cebu Tri City PWID peer educators will be conducted. In these trainings, selected existing outreach peer educators will also be included to strengthen their capacities for peer education activities.

D. Challenges

The ROMP Project was unable to proceed as quickly as planned because of the recent decision to review, hone and further focus the project strategy to deliver cutting-edge interventions that will form part of the CPS models for MSM and PWID that will respond to urgent needs of the national AIDS program to identify and test new approaches that will not only help country responses to catch up with the epidemic, but rather get ahead of it. The development of the new strategy and revised project activities entailed a series of consultations and validation with the FHI 360 APRO technical team, national and regional DOH, LGUs, NGO and development partners. The FHI 360 country team also worked closely with PNGOC, to revise the implementation budget corresponding to the new activities. Moreover, the ROMP Results Framework and logframe were also revised, entailing a series of meetings with USAID. Furthermore, the ROMP AIP and PMP also underwent revision, following the final, approved version of the results framework and logframe. As a final step in this chain, the revised ROMP Project budget was submitted to USAID ROAA for review and is awaiting approval.

Until approval of the final ROMP workplan and budget is received from USAID, the following could not be executed or implemented:

- Amendment to the PNGOC subagreement with FHI360
- Transfer of funding to PNGOC for implementation of PWID interventions
- Recruitment of identified PWID project staff
- Engagement of international PWID consultant
- Additional international travel for FHI360 SBC Officer to support key start up activities
- Engagement of additional local STTAs

The delay chain has resulted to waning interest from proposed project personnel for the PWID component in Cebu who over the past months were already impatient (as they could not be hired yet by the project) and are already contemplating to find alternative employment elsewhere.

Identifying qualified local PWID STTA to support selected activities is a challenge. The pool of local PWID consultant is very limited. For a few others who are suitable, their consultancy rates are simply beyond the reach of ROMP's limited resources.

National and local partners are also expecting additional international technical assistance support by tapping expertise that are not available locally. However, as mentioned above, these expectations could not be matched by available project resources.