

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

Quarterly Report FY13 (Q3)

April 1 to June 30, 2013



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Acronyms

ADB	Asian Development Bank
AIP	Annual Implementation Plan
AO	Administrative Order
AOR	Agreement Officer's Representative
APRO	Asia Pacific Regional Office
ART	Antiretroviral Treatment
BCC	Behavioral Change Communication
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CA	Cooperating Agency
CHD	Center for Health Development
CMT	Case Management Team
COP	Chief of Party
CPS	Comprehensive Package of Services
CR	Community Recruiter
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FGD	Focus Group Discussion
FHI 360	Family Health International
FP	Family Planning
FY	Fiscal Year
HCT	HIV Counseling and Testing
ICV	Informed Choice and Voluntarism
HACT	HIV/AIDS Core Team
HHRDB	Health Human Resources Development Bureau
IMPACT	Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis
LFC	Local Finance Committee
LGBT	Lesbians, Gay, Bisexual, Transgender and Queer
LGE	Local Government Executive
LGU	Local Government Unit
MDR	Multi-Drug Resistant
MNCHN	Maternal, Neonatal, Child Health and Nutrition
<i>Motiv8</i>	Motivational Interviewing for Facility-Based Peer Educators
MSM	Males having Sex With Males
NASPCP	National AIDS/STI Prevention and Control Program
NCR	National Capital Region
NCDPC	National Center for Disease Prevention and Control
NCHP	National Center for Health Promotion
NGO	Non-Governmental Organization
NSP	Needle Syringe Program
NTP	National TB Control Program
OIG	Office of Inspector General
OMB	Office of Management and Budget

Acronyms

PDI	Peer Driven Intervention
PLHIV	People Living with HIV
PMP	Performance Management Plan
PNAC	Philippine National AIDS Council
PNGOC	Philippine NGO Council on Population, Health and Welfare
PNRC	Philippine National Red Cross
PSI	Population Services International
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
QCHO	Quezon City Health Officer
RICT	Regional Implementation and Coordination Team
ROAA	Regional Acquisition and Assistance Office
ROMP	Reaching Out to Most-at-Risk Populations
SBC	Strategic Behavioral Communication
SDN	Service Delivery Network
SHC	Social Hygiene Clinic
TG	Transgender
TNA	Training Needs Assessment
TraiNet	Training for Information and Results
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNJTA	United Nations Joint Theme Group on AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The Fiscal Year (FY)13-Quarter (Q) 3 report of Family Health International 360 (FHI 360) and its implementing partner, Philippine NGO Council on Population, Health and Welfare (PNGOC) for the United States Agency for International Development (USAID)-funded “*HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)*” Project (Cooperative Agreement No. AID-492-A-12-00008) covers the period April 1 to June 30, 2013. Of the committed activities for this period, only the Development of *Klinika Bernardo* as Male Sexual and Reproductive Health Facility (Activity 1.9) and the Establishment of Referral Sites and Setting up of Referral Systems (Activity 1.13) were partially implemented due to the postponement of all planned field-level activities pending the approval of the revised and enhanced ROMP Project strategies and intervention activities and the formal approval of ROMP Project’s request to amend implementation arrangement.

The enhanced ROMP Project results framework, Annual Implementation Plan (AIP) and Performance Management Plan (PMP) were submitted to USAID on May 15, 2013, approval of these by the Agreement Officer’s Representative (AOR) is pending since modification of the ROMP Project implementation arrangement has not been formalized by the USAID Regional Acquisition and Assistance Office (ROAA). However, USAID ROAA approved the request of the project to implement selected key activities upon the technical concurrence of the ROMP Project’s AOR.

For the males having sex with males (MSM) and transgender (TG) people component being implemented in Quezon City, the project accomplished the following in FY13-Q3:

- Development of an Integrated strategic behavioral communication (SBC) strategy
 1. Rapid Qualitative Assessment: “*Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines*”
 2. SBC Planning Workshop
 3. Development of protocol for the pre-test of key messages for use in MSM and TG comprehensive package of services (CPS) activities
- Identification of initial wave of community recruiters (CR) for peer-driven intervention (PDI)
- Implementation of facility-based motivational peer education
 1. Writeshop to develop training curriculum and materials for facility-based motivational peer education
 2. Completion of the facilitators’ module and flipchart for *Motiv8 (Motivational Interviewing for Facility-Based Peer Educators) training* for facility-based peer educators
 3. Training needs assessment (TNA) on basic peer education among MSM and TG local government-hired peer educators of Quezon City
- Development of *Klinika Bernardo* as a Male Sexual and Reproductive Health Facility
 1. Conduct of the *Klinika Bernardo* facility assessment and strategic planning workshop
- Development of Referral System/Service Delivery Network (SDN) for HIV-Positive MSM and TGs and Messaging Service for MSM and TG CPS Clients
 1. Consultation and Planning Meeting for the strengthening of a Referral System/SDN for MSM and TGs.

For the male and female persons who inject drugs (PWID) component being implemented in the cities of Cebu, Lapu-Lapu and Mandaue, many planned activities of the ROMP Project were held in abeyance pending USAID ROAA's formal approval of FHI 360's request for modification of the implementation arrangements. The following are the accomplishments for FY13-Q3

- Development of an integrated SBC Strategy
 1. Rapid Qualitative Assessment: *"Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines"*
 2. SBC Planning Workshop
- Identification of initial wave of CR in Lapu-Lapu and Mandaue Cities for PDI

Other FY13-Q3 activities of the ROMP Project were:

- Participated in the meeting that launched the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project where their expertise, products and services were presented. ROMP explored potential collaboration with the CHANGE project for planned MSM and PWID communication activities.
- Participated in the Department of Health (DOH) – USAID Technical Coordination Meeting where the USAID assisted Health Projects were presented. ROMP responded to DOH calls for new approaches to reaching and delivering interventions for populations at highest risk, especially MSM and TG and PWID.
- Attended the USAID orientation on Regulation 216 where guidance was provided on the assessment and mitigation of possible environmental impacts of projects.
- Participated in the Launch of DOH-USAID health program and technical consultation workshop where the 13 health projects of USAID were launched, including the ROMP Project. Participated in the technical consultation workshop group led by the Visayas Family Planning (FP)/ Maternal, Neonatal, and Child Health and Nutrition (MNCHN) Project which explored existing coordination mechanisms at national, regional and provincial levels.
- Provided technical inputs to the Behavioral Change Communication (BCC) workshop of the U.S. Peace Corps where the ROMP Project provided inputs on target population and activities focus, alignment of proposed projects to the Philippines' fifth AIDS Medium Term Plan, resource mobilization and networking.
- Participated in the Implementing Partner's Meeting where Office of Management and Budget (OMB) Circular A-122, among others, was discussed. The ROMP Project is governed by the cost principles contained in this circular. Also tackled was fraud awareness and the reporting procedures stipulated by the Office of Inspector General (OIG) in the event that fraud is suspected.
- Participated in the USAID-DOH Center for Health Development (CHD)-National Capital Region (NCR) technical consultation meeting where the region's program thrusts were identified and current efforts presented, the USAID health projects in the region were introduced, and areas of partnership and DOH CHD NCR technical assistance needs clarified. On HIV/AIDS prevention, Regional Director Eduardo Janairo emphasized that the CHD has already mapped the SDN for STI/HIV and AIDS in the region and will closely monitor the ROMP Project's products in Quezon City for MSM and TGs for possible roll-out in the 16 other local government units (LGU) in the region.

- Attended the Training for Information and Results (TraiNet) reporting system training where two ROMP Project staff were given access to the TraiNet website and were instructed to input the needed data since project start on October 1, 2012 onward.
- Attended the reception honouring the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Pride Month where U.S. Ambassador Thomas expressed his country's continuing support to help in the issues that affect the LGBTQ community in the Philippines.
- Participated in the meeting called by USAID together with the Asian Development Bank (ADB) Big Cities Project to share information on the scope of the ROMP and HIV Prevention in Big Cities projects and to harmonize the proposed interventions.
- Participated in the expanded TB Inter-Cooperating Agency (CA) Meeting where the National Tuberculosis Control Program (NTP) clarified that all diagnosed HIV-positive patients symptomatic for TB are automatically considered multi-drug resistant (MDR) TB suspects and therefore should undergo GeneXpert testing to detect MDR TB instead of TB screening through sputum microscopy. The ROMP Project provided the TB program estimates of HIV-positive MSM and PWID in Quezon City and Cebu Tri-City, respectively, for purposes of estimating the number of GeneExpert tests that are needed for procurement.
- Participated in the First Visayas Inter-CA coordination meeting for inter-CA harmonization of plans/activities in the following areas: trainings, Informed Choice and Voluntarism (ICV) orientation, supportive supervision, data collection, local government executive (LGE) courtesy calls/orientation, provincial technical working group (TWG) meetings, Regional Implementation and Coordination Team (RICT) meetings, and Inter-CA meetings.
- Reviewed and provided technical inputs to the draft Administrative Order (AO) titled, *Revised Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control*.
- Presented the ROMP Project to the United Nations Joint Theme Group on AIDS (UNJTA). Questions from partners regarding the project's strategy and activities were clarified.
- Attended the debriefing meeting of the World Health Organization (WHO) PWID Consultant who discussed the strengths and successes, weaknesses or gaps, challenges, barriers or constraints to service provision among PWID in Cebu including suggested solutions. He also presented an outline of a suggested training module on needle and syringe program (NSP), monitoring tools, indicators and action points for the national program.

Major activities planned for FY13-Q4 are as follows:

For the MSM Component:

- Development of an Integrated SBC Strategy
 1. Completion of the MSM SBC Plan: July 2013
 2. Pre-test and development of key messages for MSM CPS activities: July 2013
- Community Recruitment through PDI
 1. Completion of training guide for CR: July 2013
 2. Training of initial wave of three to five CR on recruitment procedures, delivery of key messages and collection of incentives: August 5, 2013
- Facility Based Motivational Peer Education.
 1. Conduct of *Motiv8* training for Facility-Based MSM Peer Educators: July 8-13, 2013

2. Printing and distribution of *Motiv8* MSM facility-based peer educator job aid (*Motiv8* flipchart): August 2013
 3. Conduct of refresher/remedial training for MSM peer educators on information and skills gaps on basic HIV/AIDS: September 2013
- Development of *Klinika Bernardo* as a Male Sexual and Reproductive Health Facility
 1. *Conduct of Klinika Bernardo* facility assessment: July 2013
 2. *Conduct of Klinika Bernardo* Strategic Planning Workshop: July 2013
 - Development of a Case Management Approach and Referral System for HIV-Positive MSM and TGs and Messaging Service for MSM and TG CPS Clients
 1. Finalization of scopes of work of case management team (CMT) and case management coordinator (CMC): July 2013
 2. Development of training/orientation materials for CMC: August 2013
 3. Training of CMC: August 2013
 4. Establishment of *Klinika Bernardo* CMT: August 2013
 5. Development of referral system/SDN for MSM and TG: July-September 2013
 6. Development and operationalization of TxtBro messaging service: August-September 2013

For the PWID Component:

- Conduct of Operational Planning for Q4 of FY13 and FY14: August 1-2, 2013
- Development of an Integrated SBC Strategy
 1. Completion of the PWID SBC Plan: August 2013
 2. Pre-test and development of key messages for PWID CPS activities: August-September 2013
- Community Recruitment through PDI
 1. Completion of training guide for CR: July 2013
 2. Training of initial wave of three CR each for Lapu-Lapu and Mandaue Cities on recruitment procedures, delivery of key messages and collection of incentives: August 17, 2013
- Facility Based Motivational Peer Education.
 1. Conduct of writeshop to develop the training design and materials for the PWID *Motiv8* training: July 15-17, 2013
 2. TNA to determine topics for refresher/remedial training of PWID facility-based peer educators: July 25, 2013
 3. Conduct of *Motiv8* training for Facility-Based PWID Peer Educators: August 12-17, 2013
 4. Printing and distribution of *Motiv8* PWID facility-based peer educator job aid (*Motiv8* flipchart): August-September 2013
- Development of a Case Management Approach and Referral System for HIV-Positive PWID and Messaging Service for PWID CPS Clients
 1. Finalization of scopes of work of CMT and CMC: August 2013
 2. Development of training/orientation materials for CMC: August 2013
 3. Training of CMC of the Tri City (one CMC per city): September 2013
 4. Formation of per City CMT: September 2013

The ROMP Project was unable to fully proceed as planned, particularly for the PWID component in the Cebu Tri-City, because of the need to modify the implementation arrangements and the project budget that necessitated formal approval from USAID ROAA. However, to prevent further delays in project execution, ROMP requested and secured ROAA approval in the interim period for selected key project activities slated in June-July 2013.

For the MSM Component of the project, the Quezon City Health Officer (QCHO) expressed concerns with regards sustaining the provision of incentives for client recruitment and participation through PDI beyond the project life. According to the QCHO, existing LGU financial mechanisms could not support direct provision/disbursement of incentives. It appears that recruitment of clients could probably be done only through the hiring the CR as contractual employees for a three-month period. The ROMP Project suggested to further consult with the Local Finance Committee (LFC) to explore alternative options.

For FY13-Q3, the ROMP Project incurred a burn rate of 63.6% given that field level activities were put on hold pending ROAA approval of ROMP Project request for modification in the implementation arrangements and the corresponding revised budget.

A. Introduction

FHI 360 and its sub-awardee, PNGOC, respectfully submit to USAID the Q3 report for the “*HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations*” Project, in compliance to Cooperative Agreement No. AID-492-A-12-00008. This report covers the period April 1 to June 30, 2013.

B. Summary of Major Activities and Accomplishments during FY13 – Q 3 (April 1 to June 30, 2013)

Of the committed activities for FY 2013-Q3 based on the ROMP Project-approved AIP for MSM dated December 21, 2012, only the Development of *Klinika Bernardo* as the Male Sexual and Reproductive Health Facility (Activity 1.9) and the Establishment of Referral Sites and Setting up of Referral Systems (Activity 1.13) were partially implemented. The delay in activities implementation were due to the postponement of all planned field-level activities pending the approval of the revised and enhanced ROMP Project strategies and intervention activities and the formal ROAA approval of ROMP Project’s request to amend implementation arrangements and corresponding budget.

B.1. Enhanced ROMP Project Strategies and Intervention Activities

Based on comments and inputs from the National AIDS/STI Prevention and Control Program (NASPCP)-DOH and USAID, FHI 360 submitted to USAID the enhanced ROMP Project results framework, AIP and PMP on May 15, 2013, approval of these by the AOR is pending since modification of the ROMP Project implementation arrangement has not been formalized by the USAID ROAA.

On June 11, 2013 FHI 360 requested concurrence to implement key activities in the interim while awaiting formal ROAA approval of the revised submissions so as not to further delay project implementation. These activities are as follows:

For the MSM Component:

- Engagement of local SBC consultant for follow-up work on the MSM SBC plan including the development, pre-testing and finalization of messages
- Preparatory activities including identification of appropriate participants, sending out of invitation letters signed by the DOH National Center for Disease Prevention and Control (NCDPC) Director, confirmation of participants, and administrative arrangements for international travel of FHI 360 technical officer to provide needed technical assistance support and venue for the *Motiv8* Training of Facility-based MSM PEs in Quezon City
- Procurement of computer and printer for *Klinika Bernardo* needed in the development of the case management database and TXTBro messaging service

For the PWID Component:

- Recruitment and hiring of the needed PNGOC PWID staff to support the initiation of PWID project activities in the Cebu Tri-City
- Identification and recruitment of PWID peer educators and CMC to be assigned in the Social Hygiene Clinics (SHC) of Cebu, Mandaue, and Lapu-Lapu Cities. These peer educators and CMC will need to participate in the TNA in preparation for the development of the PWID PE training curriculum and materials.

- Preparatory activities including identification of appropriate participants, sending out of invitation letters signed by the DOH CHD 7 Director, confirmation of participants, and administrative arrangements for travel and venue for the following:
 - a. Writeshop to develop the PWID peer educators training curriculum and materials
 - b. Operational Planning Workshop, PWID Component
 - c. Training of Facility-based PWID peer educators
- Procurement of computers and printers for the three SHC needed in the development of the case management database and TXTBai messaging service

Based on the technical concurrence of the AOR, ROAA Agreement Officer approved FHI 360's request on June 13, 2013 with the understanding that there are sufficient funds in the agreement; that the total estimated amount of the agreement will not increase as a result thereof; and that all the terms and conditions of the agreement remain unchanged and in full force and effect.

B.2. The MSM and PWID Comprehensive Package of Services Models

FHI 360's ROMP Project narrative for the MSM and PWID CPS Models (Annex A) was submitted to the NASPCP-DOH, and was discussed with and concurred by the NASPCP Program Manager. The models for MSM and PWID are congruent with the DOH framework on the continuum of HIV prevention and education, diagnosis, treatment, and care and support services.

B.2.1. ROMP Project Accomplishments in Q3: CPS Model for MSM in Quezon City

ROMP Project accomplishments for key components of the CPS model for MSM in Quezon City for FY 2013 Q3 are:

- Development of an Integrated SBC Strategy

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 implementation of the Rapid Qualitative Assessment: *"Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines"*. The recruitment of focus group discussions (FGDs) participants and actual implementation were done in the first and second weeks of April 2013 with Mr. Mikael Navarro as local consultant.

The assessment generated qualitative information regarding condom use and uptake of HIV/AIDS clinical services like HIV Counseling and Testing (HCT) and antiretroviral therapy (ART) that informed the development of ROMP's SBC Plan for MSM. Likewise, the assessment gathered information that will guide the implementation of PDI. The assessment report is attached as Annex B.

Following the rapid assessment, the ROMP Project conducted the SBC Planning Workshop from April 22-24, 2013 at the Fersal Hotel in Quezon City with Mr. Matt Avery, Technical Officer from FHI 360 Asia Pacific Regional Office (APRO), as lead facilitator. The activity was attended by 26 participants that included representatives from the Quezon City Health Department (QCHD), USAID non-governmental organizations (NGO) working with MSM and PWID, community representatives, and representatives from the USAID-funded CHANGE project. At the suggestion of USAID, representatives from the Manila-based B-Change Foundation were also invited to participate in the workshop who attended on the morning of the final day, when they contributed to the discussion around what platforms are best for reaching MSM/TG populations in Quezon City.

The steps followed in this workshop to draft the SBC strategy were: (1) conducting a situational analysis including determining an intervention focus, considering organizational strengths and weaknesses, and surveying prior/existing work and intervention gaps; (2) identifying, analyzing and segmenting the target audience and creating audience profiles; (3) drafting SBC knowledge, belief and behavioral objectives; and (4) designing a marketing mix including strategies for product positioning, price, place and promotion. Participants were also introduced to and drafted a creative brief using the FHI 360 template. At the end of the workshop each group gave a one-hour presentation on their proposed strategies. The proposals arising from this workshop are draft documents that will require further revision and refinement. Final MSM SBC Plan is due for submission to USAID in July 2013.

Building on the outputs of the SBC planning workshop, follow through meetings will be conducted to develop, refine, pre-test and finalize health messages specifically targeting MSM and TG in Quezon City. For these, a local MSM consultant, Mr. Jose Mariano Fleras, was identified by the ROMP Project. Message development will be guided by the creative brief that was drafted in the SBC planning workshop. These multiple, mutually reinforcing messages will be delivered throughout the components of the MSM CPS model starting at community recruitment, followed by facility based motivational interventions, and after the client leaves the facility to return to their individual communities.

Mr. Fleras has crafted a list of messages that will be presented to the ROMP Project staff, representatives from the QCHD, National Center for Health Promotion (NCHP)-DOH and NASPCP-DOH on July 1, 2013 for comments. This will be followed by the pre-testing of key messages on July 25, 2013 through FGDs among MSM.

- Community Recruitment through PDI

Recruitment of MSM clients for facility-based motivational interviewing will be through CR. The CR, who are part of identified groups at highest risk for HIV will be trained to deliver simple key messages to their peers and refer them to *Klinika Bernardo*, a male-friendly health facility in Quezon City. Potential CR were identified during the rapid qualitative assessment FGDs conducted in April 2013. The training material for the CR will be completed in July 2013 and the initial three to five CR will be trained on August 5, 2013.

- Facility Based Motivational Peer Education

More intensive behavior change communication through motivational interviewing will be delivered by trained peer educators in *Klinika Bernardo* to clients referred by CR. In preparation for this "advanced" peer educators' training scheduled in July 2013, a curriculum design and facilitators' module development writeshop was conducted by the ROMP Project from May 20-22, 2013 in Manila with Mr. Avery as lead facilitator and Ms. Jackeline Acosta and Ma. Graziella Cardano of Health Human Resource Development Bureau (HHRDB)-DOH as module development consultants. Representatives from the ROMP Project and 16 other representatives from USAID, DOH, QCHD, Philippine National AIDS Council (PNAC) and NGOs participated in the writeshop. Mr. Avery introduced key motivational interviewing skills and techniques taking off from the 12 steps of *Project SafeTalk* which is an evidence-based intervention developed in the United States and based on principles of motivational interviewing that is a client-centered counseling style designed to strengthen personal motivation for and commitment to a specific goal. *Project SafeTalk* was reviewed, adapted to local situation and condensed to eight steps, now referred to as *Motiv8*. The *Motiv8* facilitators' module and flipchart are in Annexes C and D.

Before the conduct of *Motiv8* training for Facility-Based MSM peer educators from July 8-13, 2013, the ROMP Project conducted a TNA among MSM peer educators of Quezon City on June 7, 2013. As the *Motiv8* training is designed as a second level (advanced) training for peer educators, the TNA determined the topics for remedial training needed to beef-up the knowledge and skills of peer educators on the basic concepts of HIV prevention, HCT, ART initiation and adherence. The TNA report will be submitted to USAID in August 2013 together with the design of the remedial training.

- Development of *Klinika Bernardo* as a Male Sexual and Reproductive Health Facility

The Bernardo SHC has been identified by the QCHD as the facility to be developed as an MSM referral/male wellness center. Using a time-sharing scheme, the Bernardo SHC (located at the 2nd floor of the health facility) will operate from 3 – 11 pm (after the SHC time is over) as *Klinika Bernardo*. Staff (different from the SHC) will include three health providers, including a male doctor, a male nurse and a female medical technologist. This facility is easily accessible via public transportation.

The ROMP Project will support the development of *Klinika Bernardo* by initially conducting a health facility assessment to determine its needs, conduct strategic planning for the clinic, build capacity of the clinic staff on male sexual and reproductive health services and conduct a donors meeting to help mobilize resources to support its strategic plan. In June 2013, the project selected Dr. Leonardo Alcantara Jr. to lead the *Klinika Bernardo* facility assessment and the development of the clinic's strategic plan that will be conducted in July 2013.

- Development of a Case Management Approach and Referral System for HIV-Positive MSM and TGs and Messaging Service for MSM and TG CPS Clients

To operationalize the planned activities for MSM and TGs in Quezon City, an initial internal operational planning meeting was convened by the QCHD on May 7, 2013 to aid in the preparation of the detailed implementation plan of key activities for the remainder of FY13 and for FY14. Thoroughly discussed in the meeting were the development of a case management approach and referral system for HIV-positive MSM and TG.

The ROMP Project will pilot a case management approach for HIV-positive MSM and TG to increase treatment initiation, retention in and adherence to treatment. A CMT will be organized in *Klinika Bernardo* that will be chaired by the clinic physician and will be supported by a CMC who will be tasked to identify cases for review during the team meetings and follow through the implementation of recommendations or decisions of the CMT. The scope of work of the CMT and CMC was drafted in June 2013 and is expected to be finalized in July 2013. Organization and orientation of the CMT and recruitment of the CMC will be done afterwards.

Where other needed services are not available in *Klinika Bernardo*, a strengthened and bi-directional referral system is needed to ensure access to these services. Among others, the services may include laboratory work-up for pre-ART HIV-positive clients, laboratory monitoring for those on ART, TB diagnosis and treatment, support group for MSM People Living with HIV (PLHIV) and other non-health services. On June 28, 2013, the ROMP Project assisted the QCHD in convening a Consultation and Planning Meeting for the strengthening of a Referral System/SDN for MSM and TGs. Participants included QCHD staff, HIV/AIDS Core Team (HACT) members from various hospitals and treatment hubs, TB treatment center, Philippine National Red Cross (PNRC), PLHIV support groups, NASPCP-DOH, DOH-CHD NCR and Department of Social Welfare and Development (DSWD). The *Referral System for Care and Support Services for PLHIV and their Families in the Community* manual

developed by DSWD/United Nations Development Programme (UNDP) in December 2010 was used as main reference for the development of a localized, bi-directional, SDN referral system for MSM and TG in Quezon City. The following agreements were made during the meeting:

1. Formation of the SDN;
2. Formalization of the network's function through a clear mechanism (Memorandum of Understanding);
3. Creation of a directory of services provided by different institutions; and
4. Identification of the focal persons per institution who will facilitate provision of the appropriate intervention needed by MSM and TG clients.

An operational guide will be developed for the SDN referral system to be led by Dr. Rolando Cruz of QCHD.

Targeted and tailored text messages for MSM and TG will be delivered regularly on an opt-in basis to support case holding, treatment adherence or motivate the client to return to the health facility for follow-up through the messaging service to be developed (TxtBro). The ROMP Project had initially reviewed the suitability of using *FrontlineSMS*, a free software that enables users to send, receive and manage SMS over a mobile network. Development of TXTBro will be pursued as soon as the needed computer is procured and delivered to *Klinika Bernardo*.

Based on the indicative indicators and targets contained in the May 15, 2013 ROMP Project PMP, the accomplishments for the MSM Component are as follows:

Narrative Summary	Indicator	FY13 Target			FY13 Actual			Total Acc.
		M	F/TG	Tot	M	F/TG	Tot	
Goal: Family Health Improved	HIV prevalence in the general population maintained at < 1% in 2015)			< 1%			No Data	
	HIV prevalence among MSMs maintained at < 10% in 2015 in Quezon City			< 10%			No Data	
Purpose: Utilization of HIV/AIDS services by MSM increased	(P11.1.D) Number of MSM who received testing and counseling services for HIV and received their test results	267	0	267	0	0	0	0
	(P9.4.N) (P9.4.N) Percentage of men reporting the use of a condom the last time they had sex with a male partner increased from 36% in FY 11 to 50% in FY 15			40%			No Data	
	(C2.4D) Percent of HIV+ MSM who were screened for TB in HIV care or treatment setting increased from 0% in FY 12 to 80% in FY 15			70%			No Data	

Sub-Purpose 1.3.1. Supply of HIV/AIDS services improved	Number of trained facility-based peer educators and case management coordinator in Klinika Bernardo capable to oversee peer driven intervention and provide motivational intervention approaches, messaging service and referral to service delivery points for management	3	1	4	0	0	0	0
Output 1.3.1.1. CPS model for MSM developed and implemented	CPS model framework and operational guidelines compendium for peer driven intervention, facility-based motivational approaches and messaging service developed			1			0	0%
Sub-Output 1.3.1.1.A. Klinika Bernardo strengthened to provide comprehensive package of services for MSM	Number of facility-based peer educators and case management coordinator designated to implement CPS for MSM in Klinika Bernardo	3	1	4	3	1	4	100%
Output 1.3.1.2. Quality of HIV/AIDS services improved	Number of facility-based peer educators and case management coordinator implementing MSM interventions following MSM CPS operational guidelines	3	1	4	0	0	0	0%
	LGU procuring/receiving client-acceptable condoms and lubricants							
Sub-Output 1.3.1.2.A. Training modules for CPS models developed	Number of modules/guides developed for peer driven intervention, facility-based motivational approaches and messaging service			3			1	33%
Sub-Output 1.3.1.1.B. Capability of service providers on peer driven intervention, facility-based motivational intervention approaches and delivery of comprehensive package of services for MSM developed	(H2.3.D) Number of community health and para-social workers who successfully completed an in-service training program (MSM peer educators, community recruiters, case management coordinators and Klinika Bernardo staff)	60	1	61	0	0	0	0%
Sub-Output 1.3.1.2.C. Post-training mentoring and coaching provided to CPS implementers in Klinika Bernardo	Number of MSM peer educators, community recruiters, case management coordinator and Klinika Bernardo organic staff who received post-training/post-orientation mentoring and coaching							

Sub-Purpose 1.3.2. Demand for essential HIV/AIDS services strengthened	(C1.1.D) Number of MSM provided with a minimum of one care service	267	0	267	0	0	0	0%
Output 1.3.2.1. Individuals' HIV/AIDS knowledge and awareness increased	Number of MSM recruited through peer driven intervention	300	0	300	0	0	0	0%
Output 1.3.2.2. Individuals reached by behavioral change communication interventions	Number of MSM reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages	467	0	467	0	0	0	0%
Sub-Purpose 1.3.3. HIV/AIDS program policies and systems improved	Administrative order by the DOH to local governments endorsing adoption of CPS models for MSM drafted							
Output 1.3.3.1. Policy and financing of provision/ consumption of services made more sustainable	Quezon City government policy issuances with budget allocation for CPS model implementation issued.							
Output 1.3.3.2. Service delivery network established	Number of MSM HIV+ clients referred and managed for, pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions and non-health concerns (such as referral to support groups, other psychosocial concerns and others)	15	0	15	0	0	0	0%
Output 1.3.3.3. HIV/AIDS strategic plan of Quezon City enhanced	CPS model for MSM integrated in the citywide investment plans for health							

Note: There is no FY13 target for indicators in white font.

B.2.2. ROMP Project Accomplishments in Q3: CPS Model for PWID in the Tri-City in Cebu Province

For FY13-Q3, many planned activities of the ROMP Project-PWID Component were held in abeyance pending USAID ROAA's formal approval of FHI 360's request for modification of the implementation arrangements and corresponding budget. With ROAA's approval to implement key PWID component activities in the interim on June 13, 2013, the ROMP Project was able to accomplish the following:

- Development of an integrated SBC Strategy

The ROMP Project implemented the Rapid Qualitative Assessment: “*Exploring Knowledge and Attitudes Regarding HIV Prevention and Health Seeking Behaviours among Key Populations in the Philippines*”. The recruitment of FGD participants and actual implementation were done in the first and second weeks of April 2013 with Dr. Ethel Dano as local consultant.

The assessment generated qualitative information regarding needle-sharing during injecting drug use among PWID, condom use and uptake of HIV/AIDS clinical services (HCT and ART) that informed the development of ROMP’s SBC Plan for PWID. Likewise, the assessment gathered information that will guide the implementation of PDI. The assessment report is attached as Annex E.

The assessment informed the development of the ROMP Project SBC Plan for PWID that was drafted during the SBC Planning Workshop from April 22-24, 2013 at the Fersal Hotel in Quezon City (see B.2.1.). Final PWID SBC Plan is due for submission to USAID in July 2013.

Building on the outputs of the SBC planning workshop, follow through meetings will be conducted to develop, refine, pre-test and finalize health messages specifically targeting PWID in the Tri City. The ROMP project is still actively searching for a suitable PWID consultant who can carry-out these tasks.

- Community Recruitment through PDI

Potential CR were identified during the rapid qualitative assessment FGDs conducted in April 2013. The training material for the CR is being prepared and will be completed in July 2013 and the initial three CR each for Lapu-Lapu City and Mandaue City will be trained on August 17, 2013.

- Facility Based Motivational Peer Education

Administrative preparations for the conduct of the writeshop to develop the curriculum design and facilitators’ module for PWID *Motiv8* training were done in June 2013. The writeshop is scheduled from July 15-17, 2013 with Ms. Ma. Graziella Cardano of HHRDB-DOH as module development consultant. The *Motiv8* Training for Facility-Based PWID peer educators is scheduled from August 12-17, 2013.

Recruitment and hiring of PWID facility-based peer educators for the three SHC in the Tri-City was initiated in June 2013. In May 2013, the project explored the feasibility of contracting Dr. Ilya Tac-An to conduct the TNA for the recruits to determine the topics for remedial training needed to beef-up their knowledge and skills on the basic concepts of HIV prevention including harm reduction, HCT, ART initiation and adherence. Upon agreement on the scope of work, Dr. Tac-An was contracted to conduct the TNA for PWID peer educators which will be done on July 25, 2013.

- For the following planned ROMP Project activities for PWID, preparation/completion and implementation will be in Q4:
 1. Technical assistance to prepare Tri City SHC staff to implement PWID interventions
 2. Development of a Case Management Approach and Referral System for PWID
 3. Establishment of an HIV-positive PWID Support Group

As of FY13Q3, the ROMP Project has not completed activities for PWID Component indicators.

B.3. Other Activities/Accomplishments

The ROMP Project staff participated in the following USAID/other CA and partners' meetings/activities:

B.3.1. USAID/Other Cooperating Agencies Activities

- Meeting for the Launching of the CHANGE Project

On April 4, 2013, the ROMP Project participated in the meeting called by Campaigns and Grey, Inc., the USAID CA for the CHANGE Project. Presented in the meeting were the project's goal, objectives, components and technical assistance to develop and deliver national communication campaigns, messages, standards, modules, tools and templates on FP, MNCHN and TB.

While HIV was not included among the priority programs in CHANGE scope of work, ROMP explored the possibility of collaborating with this project for HIV/AIDS for MSM and TG and PWID communication-related activities.

- DOH-USAID Technical Coordination Meeting

On April 11, 2013, the ROMP Project participated in the DOH-USAID Technical Coordination Meeting convened at the National Kidney and Transplant Institute of the Philippines. The meeting presented key DOH accomplishments by regional clusters. It also served as venue for introducing the USAID-assisted health projects including the ROMP Project. For HIV and AIDS, DOH highlighted the need for new strategies for reaching key populations at highest risk especially MSM and PWID and the provision of appropriate services. The ROMP Project Chief of Party (COP) highlighted the project's objectives of assisting the NASPCP by developing and piloting CPS models for MSM and PWID which the DOH could adopt and recommend for programming to LGUs facing similar HIV situation and challenges. ROMP briefer materials were prepared and were included in the meeting kit distributed to all participants.

- USAID Orientation on Regulation 216

On May 2, 2013, the ROMP Project participated in the USAID orientation on USAID Regulation 216 otherwise known as Environmentally Sound Design and Management (of projects) held at the PRISM Office in Ortigas. The orientation was given by USAID's Environment Regional Advisors, Aaron Brownell and Andrei Barannik. The regulation provides guidance to assess and mitigate possible environmental impacts of projects. The ROMP Project Initial Environmental Examination found that the project poses no expected adverse environmental impacts and recommended "categorical exclusion" determination".

- Meeting with ADB Big Cities Project

On May 2, 2013 the ROMP Project participated in the meeting called by USAID together with the ADB Big Cities Project. The meeting was convened at ADB's suggestion, with the goal of exchanging information on the scope of the ROMP and HIV Prevention in Big Cities projects and harmonizing proposed interventions. The ROMP Project COP provided an overview of the project strategies and interventions.

Eniko Akom of Population Services International (PSI) presented the progress of the Big Cities project, mentioning the possibility to work with MSM from the Southern Manila regions and from

Cebu City and/or Mandaue, while for IDUs the project will complement the NSP pilot project to be conducted in Cebu City, including training activities for peer educators, outreach workers, and staff, policy and advocacy interventions, working with female PWID and potentially, female partners of male PWID plus support groups for PWID. The Big Cities project will explore the option of using the messages developed by the ROMP Project for PWID rather than develop new ones, in order to be more cost-effective and to reduce confusion among PWID.

In this meeting the partners agreed on the need to complement and to share information, as well as the need to develop clear branding, for evaluation purposes. Both the ROMP and Big Cities Projects will share their situation analysis and workplans, as they are finalized and will hold meetings as necessary, to coordinate activities.

- Launch of DOH-USAID Health Program and Technical Consultation Workshop

On May 16, 2013, DOH Secretary Enrique T. Ona and U.S. Ambassador Harry K. Thomas, Jr. launched 13 projects that aim to help enhance the overall health of Filipino families under the U.S.-Philippines bilateral health agreement. The 13 projects, which amount to PhP7.96 billion (about US\$194 million), will be implemented over a five-year period and will focus on 48 provinces nationwide. (Source: USAID/Philippines)

The event was held at the Pan Pacific Hotel in Manila. Together with the other USAID health projects, the ROMP Project set up a booth to introduce the project to guests and participants of the meeting. Project briefers and HIV IEC materials were handed out to visitors of the ROMP booth. ROMP Project staff pinned AIDS red ribbons to all the guests and participants of the meeting.

In the afternoon, the ROMP Project participated in the technical consultation workshop group led by Visayas FP/MNCHN Health Project. In this workshop group, overview of planned activities for Visayas Health and the Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT) Project were presented to DOH partners. Existing coordination mechanisms for project implementation at the national, regional and provincial levels were also explored.

- Expanded TB Inter-CA Meeting

On May 23, 2013 the ROMP Project participated in the Expanded TB Inter-CA Meeting convened at the CHANGE Office in Makati. The ROMP Project COP updated the partners on the development of the project's SBC Plan and training curriculum/materials for facility-based MSM peer educators (*Motiv8* for MSM peer educators).

The NTP clarified that all diagnosed HIV-positive patients symptomatic for TB are automatically considered MDR TB suspects and therefore should undergo GeneXpert to detect MDR TB instead of TB screening through sputum microscopy. NTP estimates that up to 50% of TB patients are symptomatic. The ROMP Project provided the TB program estimates of HIV-positive MSM/TG and PWID in Quezon City and Cebu Tri-City, respectively, for purposes of estimating the number of GeneExpert tests that are needed for procurement.

- Participation in the BCC workshop of the U.S. Peace Corps

The U.S. Peace Corps volunteers had an HIV BCC workshop at their headquarters in the PNB Building. As a final output of the workshop, the volunteers together with their local counterparts were tasked to develop and plan for a BCC activity that would be funded and implemented in their respective areas of assignment. The ROMP Project participated in the project idea presentation where inputs

were provided on target population and activities focus, alignment of proposed projects to the Philippines' fifth AIDS Medium Term Plan, resource mobilization and networking.

- USAID Implementing Partner's Meeting

From May 29-31, 2013, the ROMP Project participated in USAID's Implementing Partner's Meeting held at the U.S. Embassy Seafont Compound. The meeting tackled USAID guidelines on implementation and procurement, the budget process, financial management, internal controls and audits. FHI 360, a U.S.-based non-profit organization being the grantee for the ROMP Project cooperative agreement is governed by the cost principles contained in OMB Circular A-122. The discussion on fraud awareness enumerated instances when fraud should be suspected and the reporting requirements and procedures stipulated by the OIG in the event that fraud is suspected.

- First Visayas Inter-CA Coordination Meeting

On June 10-11, 2013, the ROMP Project participated in the First Visayas Inter-CA Coordination Meeting convened by the Visayas Health Project in Cebu City. The ROMP Project COP provided an overview of PWID project activities in the Tri-City of Cebu, Mandaue and Lapu-Lapu and shared status of engagement with CHD/LGU including activities initiated or implemented. The COP likewise participated in the workshop for inter-CA harmonization of plans/activities in the following areas: trainings, ICV orientation, supportive supervision, data collection, LGE courtesy calls/orientation, provincial TWG meetings, RICT meetings, and Inter-CA meetings.

The ROMP Project activities appeared unique as implementing health facilities/staff (SHC) are different from the implementing health facilities/staff of other CA (health centers, hospitals). The COP explored joint project orientation of LGE (Mayors) as spearheaded by the IMPACT Project; however, they are working mostly with the League of Municipalities. It was suggested that the ROMP Project approach the three cities separately to expedite activities implementation. Planned coordination mechanism for the three cities (Steering Committee or HIV TWG to be convened by CHD 7) could proceed as planned as it will not also involve participation of other CA.

It was agreed that the Visayas Inter-CA Meeting will be done quarterly with Visayas Health as convener but hosting will be rotated among the participating CA. The ROMP Project was asked to link with the IMPACT Project for TB-HIV agenda of the meetings.

- USAID-DOH CHD-NCR Technical Consultation Meeting

On June 17, 2013, the ROMP Project participated in the USAID-DOH CHD NCR technical consultation meeting where the region's program thrusts were identified and current efforts presented, the USAID health projects in the region were introduced, and areas of partnership and DOH CHD NCR technical assistance needs clarified. The activity was organized by the Luzon MNCHN/FP Project. On HIV/AIDS prevention, Regional Director Eduardo Janairo emphasized that the CHD has already mapped the SDN for STI/HIV and AIDS in the region and will closely monitor the ROMP Project's products in Quezon City for MSM and TGs for possible roll-out in the 16 other LGU in the region.

- TraiNet Reporting System Training

On June 20, 2013, the ROMP Project participated in the TraiNet Reporting System Training held at the USAID Office in Manila. TraiNet is USAID's internet-based tool for reporting all USAID-funded training programs. Two ROMP Project staff, Dr. Ricardo Mateo and Ms. Arlene Escobido were given accounts to access and input training information in the TraiNet website. They were instructed to

input the needed data since project start on October 1, 2012. Regular TraiNet reporting is every last day of the quarter.

- Attendance to the LGBTQ Pride Month Reception

On June 26, 2013, the ROMP Project attended the reception tendered by U.S. Ambassador Thomas honouring the LGBTQ Pride Month held at the Ambassador's residence in Makati City. The Ambassador expressed his country's continuing support to help in the issues that affect the LGBTQ community in the Philippines. He also thanked Ms. Charice Pempengco for her presence in the reception and lauded her bravery in "coming out" to the world.

B.3.1. Partners' Meetings/Activities

- Presentation of the ROMP Project to UN Joint Theme Group on AIDS (UNJTA)

On April 9, 2013, the ROMP Project participated in the UNJTA meeting convened in the WHO Country Office in DOH.

The ROMP Project overview was presented by the COP as the first agenda of the meeting. The following are questions/clarifications raised by UN partners and responses provided by the COP:

a. WHO – origin of PDI and experience in the Asian context: PDI developed and tested in the US by Broadreach (modeled after respondent driven sampling) and implemented in several countries including in Asia (China, Vietnam among others). WHO emphasizes the need for strong linkages between prevention interventions to testing and treatment services (which will be demonstrated in the ROMP CPS models – facility based motivational peer education, HCT and case management); capacity building for quality counseling; and acceptable prevention commodities (condoms that MSM like, right size of needles)

b. UNODC – how does ROMP deal with PWID who are also having male to male sexual behavior; MSM targets in Quezon City: PWIDs targeted to be enrolled in the ROMP interventions will also include males who are primarily PWID but also happens to have sex with other males. TFM-GFATM on the other hand will implement interventions specifically for MSM in Cebu City. FGDs conducted among PWID in Cebu will aim, among others, to gather information to better understand the needs of this population. A total of 1,000 MSM will be targeted to be enrolled in the ROMP services in Quezon City. This will include MSM who are at the highest risk (e.g. contacts of HIV+ MSM, those who are having multiple partners, having anal sex and unprotected sex). As ROMP is a modeling project, the intention is to demonstrate how MSM at highest risk could be reached, and how they could be recruited and referred to a health facility where intensive BCC activities will be conducted. ROMP will not aim to target the whole of MSM population in Quezon City.

c. UNDP – use of incentives to motivate participation among MSM of lower economic status may work, but maybe not for MSM from the higher income bracket: Selection of community recruiters will be key to reaching them. A community recruiter who is part of the higher income earning MSM could recruit peers to participate in the interventions for reasons other than monetary incentives (access to testing, treatment, etc.) Also for reasons of equity, WHO reiterated in the meeting the need to bring in clients with lower economic status and don't have access to services.

d. UNICEF/UNFPA – is ROMP implementing interventions in multiples sites? How about MSM who prefers to access private facilities?: For MSM, given the budget limitations of the project, the referral

facility to be developed is *Klinika Bernardo*. If ROMP could demonstrate that the model works, this will be presented to the LGU for adoption and replication in other health facilities. For the Cebu Tri-City, the 3 Social Hygiene Clinics will serve as the referral area for PWID. ROMP interventions are anchored in LGU run facilities, for reasons of sustainability. If the LGU could provide the physical space and personnel, chances of the interventions being continued beyond the project life will be higher.

e. PNAC – options if uptake of clients through PDI is low: If initial uptake of clients is low, either the number of recruiters could be increased or the incentives could be increased. On the other hand, to prevent the facility from being overwhelmed with clients coming in altogether at the same time, the number of recruitment coupons provided to community recruiters could also be controlled.

What about other health/non health services not available in the facility?: The case management team to be organized in the facility will include representatives of the referral areas (other health , legal, social, rehabilitation services) Referral systems into these facilities will be strengthened.

f. UNAIDS /UNFPA– stigma and discrimination is an important barrier for clients to access services: For MSM, *Klinika Bernardo* will developed and promoted as a male sexual and reproductive health clinic to avoid being stigmatized as an MSM facility and will make it more acceptable to MSM who are not yet comfortable disclosing their sexuality. For the Social Hygiene Clinics in Mandaue and Lapu-Lapu (who will receive PWID clients for the first time) staff will undergo sensitization/orientation to help address stigma and discrimination concerns within the facility. Cebu City SHC already receives PWID clients.

ROMP MSM interventions exclusive to Quezon City residents?: Even if they are residing in other parts of Metro Manila, as long as these clients are accessed or recruited in Quezon City (which hosts a variety of MSM oriented establishments and locations) they could be enrolled in the ROMP interventions.

Referral areas for other services closer to *Klinika Bernardo* should be considered (East Avenue Medical Center has a HACT, is closer than Quezon City General Hospital, San Lazaro Hospital and RITM)

As ROMP is a modelling project, proper documentation, including lessons learned will be important.

Gary Reid, WHO consultant for “Setting up essential services for PWID and monitoring impact of HIV in Cebu” was introduced to the team during this meeting. Details and schedules of his expected tasks were presented.

ROMP explored the possibility of engaging the same consultant for additional PWID activities for the Cebu tri-cities to promote synergy and avoid the confusion that could happen with two different consultants going around in the same project area, and provide the opportunity for USAID and WHO to jointly and optimally work together for PWID interventions.

- Debriefing Meeting for the WHO PWID Consultant

On April 29, 2013, the ROMP Project participated in the debriefing meeting convened by WHO at the UNFPA Office in Makati for Gary Reid’s consultancy assignment in Cebu City. In this meeting the consultant discussed the strengths and successes, weaknesses or gaps, challenges, barriers or constraints to service provision among PWID including suggested solutions. He also presented an outline of a suggested training module on NSP, monitoring tools, indicators and action points for the national program.

- Meeting to prepare the Draft Administrative Order (AO) for TB and HIV Prevention and Control

On June 13, 2013 at the request of Dr. Celine Garfin of the DOH- National TB Program, the ROMP project participated in the meeting to review and provide technical inputs to the draft DOH AO entitled, *Revised Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control*. The draft AO intends to update the policies and guidelines with the end in view of decreasing the burden of TB among PLHIV and the burden of HIV among TB patients.

C. Major Project Activities Planned for Fiscal Year 2013 – Quarter 4 (July 1 to September 30, 2013)

The following are ROMP activities planned for implementation in Quarter 4:

For the MSM Component:

- Development of an Integrated SBC Strategy
 1. Completion of the MSM SBC Plan: July 2013
 2. Pre-test and development of key messages for MSM CPS activities: July 2013
- Community Recruitment through PDI
 1. Completion of training guide for CR: July 2013
 2. Training of initial wave of three to five CR on recruitment procedures, delivery of key messages and collection of incentives: August 5, 2013
- Facility Based Motivational Peer Education.
 1. Conduct of *Motiv8* training for Facility-Based MSM Peer Educators: July 8-13, 2013
 2. Printing and distribution of the *Motiv8* job aid (flipchart) for use of MSM facility-based peer educator: August 2013
 3. Conduct of refresher/remedial training for MSM peer educators on information and skills gaps: August 2013
- Development of *Klinika Bernardo* as a Male Sexual and Reproductive Health Facility
 1. Conduct of *Klinika Bernardo* facility assessment: July 2013
 2. Conduct of *Klinika Bernardo* strategic planning workshop: July 2013
- Development of a Case Management Approach and Referral System for HIV-Positive MSM and TGs and Messaging Service for MSM and TG CPS Clients
 1. Finalization of the Scope of work for CMT and CMC: July 2013
 2. Development of training/orientation materials for CMC: August 2013
 3. Training of CMC: August 2013
 4. Establishment of the *Klinika Bernardo* CMT: August 2013
 5. Development of SDN for MSM and TG: August -September 2013
 6. Development and operationalization of TxtBro messaging service: September 2013

For the PWID Component:

- Conduct of Operational Planning for Q4 of FY13 and FY14: August 1-2, 2013
- Development of an Integrated SBC Strategy
 1. Completion of the PWID SBC Plan: August 2013
 2. Pre-test and development of key messages for PWID CPS activities: September 2013

- Community Recruitment through PDI
 1. Completion of training guide for CR: July 2013
 2. Training of initial wave of three CR each for Lapu-Lapu and Mandaue Cities on recruitment procedures, delivery of key messages and collection of incentives: August 17, 2013

- Facility Based Motivational Peer Education.
 1. Conduct of writeshop to develop the curriculum design and facilitators' module for PWID peer educators *Motiv8* training: July 15-17, 2013
 2. Conduct of *Motiv8* training for Facility-Based PWID Peer Educators: August 12-17, 2013
 3. Printing and distribution of *Motiv8* PWID facility-based peer educator job aid (*Motiv8* flipchart): August 2013
 4. TNA to determine topics for refresher/remedial training of PWID facility-based peer educators: July 25, 2013
 5. Conduct of refresher/remedial training for PWID peer educators on information and skills gaps: September 2013

- Development of a Case Management Approach and Referral System for HIV-Positive PWID and Messaging Service for PWID CPS Clients
 1. Finalization of the Scopes of work of CMT and CMC: August 2013
 2. Development of training/orientation materials for CMC: August 2013
 3. Training of CMC of the Tri City (one CMC per city): September 2013
 4. Formation of CMT: September 2013

D. Challenges

The ROMP Project was unable to fully proceed as planned, particularly for the PWID component in the Cebu Tri-City, because of the need to modify the implementation arrangements and the corresponding project budget that necessitated formal approval from USAID ROAA. This restricted spending of project funds for planned activities. However, to prevent further delays in project execution, ROMP requested and secured ROAA approval in the interim period for selected key project activities slated in June-July 2013.

As soon as formal ROAA approval for the proposed modifications is received, the ROMP Project will move forward to implement all activities which previously were held in abeyance.

Identifying qualified local PWID consultants remains a challenge. Specifically, the ROMP Project needs short term technical assistance to conduct follow-through activities to finalize the SBC Plan for PWID and to develop, refine, pre-test and finalize key messages targeting PWID. The ROMP Project needs to engage a communication expert who is also knowledgeable on PWID needs, issues and concerns. If such expertise is not found on a single consultant, the project may need to contract a team to meet the technical assistance requirements.

For the MSM Component of the project, the QCHO expressed concerns with regards sustaining the provision of incentives for client recruitment and participation through PDI beyond the project life. She said that existing LGU financial mechanisms could not support direct provision/disbursement of incentives. It appears that recruitment of clients could probably be done only through the hiring the CR as contractual employees for a three-month period. The ROMP Project suggested to further

consult with the Local Finance Committee (LFC) to explore alternative options. The project is also studying the possibility of engaging technical assistance to address this concern.