

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

Year 1 Report

October 1, 2012 to September 30, 2013



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Acronyms

ADB	Asian Development Bank
AIP	Annual Implementation Plan
AO	Administrative Order
AOR	Agreement Officer's Representative
AMTP	AIDS Medium Term Plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral Treatment
BCP	Big Cities Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CA	Cooperating Agency
CHD	Center for Health Development
CIPH	Citywide Investment Plan for Health
CMC	Case Management Coordinator
CMT	Case Management Team
COP	Chief of Party
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FGD	Focus Group Discussion
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
ICR	Individual Client Record
ICV	Informed Choice and Voluntarism
IDO	Infectious Disease Office
IR	Intermediate Result
HACT	HIV/AIDS Core Team
HCT	HIV Counseling and Testing
HHRDB	Health Human Resources Development Bureau
IMPACT	Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis
LGBTQ	Lesbians, Gay, Bisexual, Transgender and Queer
LGS	Learning Group Session
LGU	Local Government Unit
MARP	Most at-risk Populations
M&E	Maternal, Neonatal, Child Health and Nutrition
MI	Motivational Interviewing
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOU	Memorandum of Understanding
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
OMB	Office of Management and Budget
PDEA	Philippine Drug Enforcement Agency
PE	Peer Educator
PDR	Peer Driven Recruitment
PLHIV	People Living with HIV
PMP	Performance Management Plan
PNAC	Philippine National AIDS Council
PNGOC	Philippine NGO Council on Population, Health and Welfare
PNP	Philippine National Police
PR	Peer Recruiter
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
QCHO	Quezon City Health Officer
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
SIO	Site Implementation Officer
STTA	Short Term Technical Assistance
TFM	Transitional Funding Mechanism
TG	Transgender
TNA	Training Needs Assessment
TraiNet	Training for Information and Results
TOR	Terms of Reference
TWG	Technical Working Group
TXTBai	PWID Text Messaging Service
TXTBro	MSM Text Messaging Service
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USG	United States Government
USPF	University of Southern Philippines
WHO	World Health Organization

Executive Summary

FHI 360 and the Philippine NGO Council on Population, Health and Welfare (PNGOC) will implement the *HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP) Project* (Cooperative Agreement No. AID-492-A-12-00008) in four distinct phases over the three-year life of the project. These phases are: Inception (Oct-Dec 2012), CPS Model Strengthening (Jan-Jun 2013), CPS Model Pilot Testing (Jul 2013-Mar 2015), and Documentation and Transition (April-Sept 2015). This Year 1 report to the United States Agency for International Development covers project phases I and II, which were implemented from October 1, 2012 to September 30, 2013.

Over the three year implementation period, the ROMP project will strengthen selected existing interventions and introduce new ones following the continuum of services framework espoused by the Department of Health:

1. Prevention and education – ROMP will reach highest-risk MSM and PWID who are not covered by existing interventions through their sexual and social networks using an intensive, time-bound, peer-driven recruitment model to motivate preventive, health-seeking and treatment adherence behaviors.
2. Diagnosis of HIV, STIs and TB – ROMP will increase HCT uptake, client notification, and follow-up testing, including testing for STIs and TB co-infection. The project will strengthen facility-based peer education by using Motiv8 counseling sessions to motivate HIV testing, results notification, follow-up testing, and the use of prevention commodities (including treatment).
3. Treatment (Case Management) – ROMP will increase antiretroviral treatment initiation, retention and adherence by piloting a case management approach for HIV+ MSM and PWID. The approach will be implemented by Case Management Teams (CMTs) supported by Case Management Coordinators (CMCs).
4. Care and Support – ROMP will help provide access to a comprehensive package of (health and related non-health) services for MSM and PWID by establishing Service Delivery Networks.

For Year 1, the ROMP project completed needed assessments; created new and innovative intervention approaches in collaboration with local partners and stakeholders, prepared implementation guidelines for the intervention approaches; developed training curricula, tools and job-aids, and delivered training to partners in preparation for launching the new interventions approaches. The project's main achievements to date are as follows:

- **Model frameworks for comprehensive package of services for MSM and PWID.** FHI 360 developed CPS model frameworks for MSM and PWID in consultation with the DOH, LGU partners and USAID. Local partners also conducted rapid assessments on the local HIV response; HIV prevention knowledge and attitudes, and health-seeking behaviors among MSM and PWID to inform intervention development.
- **Strategic Behavioral Communication (SBC).** FHI 360 conducted an SBC strategy development workshop to ensure that information, key messages, and activities are applicable to the epidemiological context, acceptable and relevant to the targeted

populations and delivered with sufficient intensity and through appropriate channels to effectively impact on key prevention and health seeking behaviors. The workshop introduced key elements of the SBC framework, developed consensus around prioritizing behavior change factors, and created buy-in and ownership among local partners for integrated and consistent behavior change messaging and activities.

- **Development of the Motiv8 training manual and materials for the facility-based MSM and PWID peer educators.** Given the limitations of outreach peer education (e.g. limited time available for PE-client interaction in the cruising sites and locations, difficulty in discussing sensitive topics in a public setting, need for a large number of outreach PEs to cover various MSM sites and locations) ROMP will pilot facility-based motivational interviewing interventions. FHI 360 worked with local partners to develop a second-level advanced communication skills training curriculum and tools. This communications model, which has been dubbed Motiv8, is designed to generate a client’s intrinsic motivation for change and was developed adapting materials from the Project Safe Talk intervention originally developed by the University of North Carolina.
- **LGU Operational Plans.** FHI 360 conducted operational planning workshops with LGUs to prepare detailed implementation plans for the CPS model intervention activities, and convened HIV technical working group meetings in Quezon and Cebu cities as a platform to provide operational oversight, and to promote synergies and collaboration among HIV projects in these cities.

Following the continuum of services framework described above, the ROMP Project developed separate products for the MSM and PWID components which are summarized in the table below:

CPS	Objectives	MSM Products	PWID Products
Prevention and Education	Pilot an intensive, time-bound PDR targeting highest-risk individuals through their sexual and social networks	<ul style="list-style-type: none"> • Peer-driven MSM recruitment operations manual • Identification and orientation of MSM peer recruiters • MSM Motiv8 training manual and Motiv8 session flipchart for facility-based PEs • TOR of facility-based PE 	<ul style="list-style-type: none"> • Peer-Driven PWID recruitment operations manual • Identification and orientation of PWID peer recruiters • PWID Motiv8 training manual and Motiv8 session flipchart for facility-based PEs • TOR of facility-based PE
Diagnosis of HIV, STI and TB	Strengthening facility-based peer education to motivate HIV testing, results notification, follow-up testing, and the use of prevention commodities	<ul style="list-style-type: none"> • Klinika Bernardo Strategic Plan (2013-2017) • Facility profiles of MSM SDN members • Documented negotiation to ensure access to HIV and TB testing 	<ul style="list-style-type: none"> • Training curriculum on desensitization and reduction of PWID-related stigma for social hygiene clinic staff • Facility profiles of PWID SDN members • Documented negotiation to ensure access to HIV and TB testing
Treatment (Case Management)	Piloting a case management approach for HIV-positive MSM and	<ul style="list-style-type: none"> • TOR of the CMT and CMC • QCHD Special Order for the assignment of CMC and facility-based PE to Klinika 	<ul style="list-style-type: none"> • TORs of the CMT and CMC • Documented negotiation to ensure ART availability at Cebu City SHC as a satellite

CPS	Objectives	MSM Products	PWID Products
	PWID to increase treatment initiation, retention and adherence	Bernardo <ul style="list-style-type: none"> Documented negotiation to ensure ART availability in Klinika Bernardo as a satellite ART clinic 	ART clinic
Care and Support		<ul style="list-style-type: none"> List of referral providers for non-health services. 	<ul style="list-style-type: none"> List of referral providers for non-health services
Strengthening SBC programming		<ul style="list-style-type: none"> SBC strategy MSM key messages 	<ul style="list-style-type: none"> SBC strategy PWID key messages
Documenting lessons learned and SOP to support model replication		<ul style="list-style-type: none"> Process documentation training curriculum 	<ul style="list-style-type: none"> Process documentation training curriculum

ROMP realized the above achievements/products with the leadership of the central and regional Departments of Health, through engagement of local consultants to provide short-term technical assistance, and with technical support from the FHI 360 country office and advisors from the FHI 360 Asia Pacific Regional Office.

While the above accomplishments already sets the stage for the launching (pilot testing) of model interventions (ROMP Phase III,) these did not come easy. The following are challenges encountered by the project in Year 1 with the corresponding actions and/or responses to be taken:

- Withdrawal of the University of Southern Philippines (USPF), the local NGO implementation partner for the PWID component from the partnership arrangements with FHI360. A market analysis of local NGOs was done to determine a suitable replacement (later identified as PNGOC).
- Review and refinement of the ROMP strategy, with the introduction of innovative interventions as part of the comprehensive package of HIV/AIDS services provided to males having sex with males (MSM) and people who inject drugs (PWID). Two months into Phase II implementation, USAID requested that FHI 360 review and refine the ROMP strategy and activities. FHI 360 worked in consultation with the National AIDS/STI Prevention and Control Program, Center for Health Development 7, local government units (LGUs) and project partners, to refocus ROMP on demonstrating the effectiveness of the service packages in Quezon City and in the tri-city area of Cebu, Mandaue and Lapu-lapu.
- Project implementation was put on hold until USAID Regional Acquisition and Assistance Office (ROAA) approval was granted (received on July 24, 2013) for the resubmitted revised project description and budget including the new local NGO implementing partner for the PWID component. To minimize delays in the interim period, ROMP requested and received USAID ROAA concurrence to implement selected preparatory activities.

- Due to the delays discussed above, most of the activities described herein (especially for the PWID component) were accomplished in the last quarter of Year 1. Consequently, Phase III of ROMP Project Implementation (CPS Model Pilot Testing- with recruitment and actual enrolment of MSM and PWID into the interventions) which was originally scheduled to begin in June 2013 has been moved to the beginning of Year 2 (October 2013). Service delivery accomplishments therefore will only be reported beginning Year 2.
- Limited availability of qualified local PWID consultants to conduct follow-through activities to finalize the SBC plan for PWID, including the development, refinement, pre-testing and finalization of the key messages targeting PWID. The assistance/collaboration of the CHANGE Project team in Q4 and continuing collaboration in Year 2 will help respond to these needs.
- Sustainability of incentives for peer-driven client recruitment. The QC Health Officer expressed concern that existing LGU financial mechanisms could not support direct provision/disbursement of incentives for the MSM CPS model. This concern may also hold true in Lapu-Lapu and Mandaue for the PWID component.

The ROMP Project will engage in Year 2 a local consultant to help identify funding mechanisms and corresponding costing guidelines for interventions, including peer recruitment and incentives, conduct of Motiv8 sessions by facility-based PEs, case management (Case Management Team and Case Management Coordinators), text messaging service, and the Service Delivery Network. The consultant is expected to lay out suggested sequential actions at the LGU level (across relevant units involved in budget preparation and submission, review and approval, release and implementation, including auditing) to help ensure that the budget proposal is compliant with existing national and local budgeting rules or regulations, follows the LGU budget cycle timeline and processes and is incorporated in the CIPH.

For Year 1, the ROMP Project incurred a burn rate of 64.54% given that field level activities were put on hold for reasons discussed above. ROMP, however, expect spending to pick-up In Year 2 with the actual start of Phase III implementation.

A. Introduction

Family Health International (FHI) 360 and its sub-awardee, the Philippine NGO Council on Population, Health and Welfare (PNGOC), respectfully submit to USAID the Year 1 report for the *HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP) Project*, in compliance with Cooperative Agreement No. AID-492-A-12-00008. This report covers the period from October 1, 2012 to September 30, 2013.

B. The ROMP Project

The three-year ROMP Project aims to assist the Philippine Government achieve its goal of maintaining national HIV prevalence among the general population at less than one percent as reflected in the 2011-2016 AIDS Medium-Term Plan (AMTP). This goal is in line with USAID's Development Objective (DO) 1 – Intermediate Result (IR) 1.3: Family Health Improved, which will be accomplished via three objectives:

Objective 1 (IR 1.3.1): Supply of HIV/AIDS services improved, including the availability and quality of public sector services;

Objective 2 (IR 1.3.2): Demand for HIV/AIDS services increased through encouraging adoption of appropriate health behaviors within families; and

Objective 3 (IR 1.3.3): HIV/AIDS policy and systems barriers to improve supply and demand for services removed.

To contribute to the attainment of the national goal, ROMP supports the achievement of the following:

- HIV prevalence in the general population maintained at < 1% in 2015
- HIV prevalence among males having sex with males (MSM) maintained at < 10% in 2015 in Quezon City, the United States Government (USG)-assisted site in the National Capital Region (NCR)
- HIV prevalence among people who inject drugs (PWID) maintained at < 58% in 2015 in the Tri City, the USG-assisted sites in Metro Cebu

The ROMP Project is developing comprehensive package of services (CPS) intervention models that the Department of Health (DOH) can use for future programming. These models cover the prevention-to-care continuum for MSM and transgender (TG) people in Quezon City and for PWID in the Tri City of Cebu, Mandaue and Lapu-Lapu. Specifically, ROMP will:

1. Strengthen the capacity of existing peer education for venue-based outreach programs to motivate prevention and health-seeking behaviors;
2. Pilot an intensive, time-bound and peer-driven recruitment (PDR) model targeting highest-risk individuals through their sexual and social networks;
3. Strengthen facility-based peer education to motivate HIV counselling and testing (HCT) uptake, results notification, follow-up testing, and the use of prevention commodities;
4. Pilot a case management approach for HIV-positive MSM/TG and PWID to increase treatment initiation, retention and adherence.

A narrative description of the ROMP Project MSM and PWID interventions is included in Annex 1. Project implementation is divided into four phases: the Inception Phase (3 months: October - December 2012), the CPS Model Strengthening Phase (3 months: January - June 2013), the CPS Model Pilot Testing Phase (24 months: July 2013 - March 2015), and the Documentation and Transition Phase (6 months: April - September 2015)¹, details of which are in Annex 2.

B.1. Project Management

Upon contract award, FHI 360 negotiated with Dr. Irma Asuncion, Director of the National Center for Disease Prevention and Control (NCDPC)-DOH for an office space. Setting up the ROMP office in the DOH was deemed advantageous as this will help facilitate coordination with the NASPCP, NEC, Global Fund –TFM, PNAC, WHO and other partners based inside the DOH compound. Available office space located at the third floor, Building 14, Infectious Disease Office (IDO) – NCDPC-DOH was identified and renovated for use by ROMP.

Other start-up activities included:

FHI 360 Philippines Registration with SEC. FHI 360 Philippines has complied with all legal registration and documentation requirements (Securities and Exchange Commission No. 8200104128) to conduct business in the Philippines. The annual audit of financial statements was done by the Punongbayan & Araullo Auditing Firm, a partner of Grant & Thornton. The 2012 audit of financial statements was completed on April 4, 2013 and was submitted to the Bureau of Internal Revenue on April 15, 2013.

Organizational Structure and Staffing: FHI 360 has engaged key ROMP staff, including Chief of Party (COP) Dr. Loreto Roquero Jr. and Monitoring and Evaluation (M&E) Specialist Dr. Ricardo Mateo Jr., who were on board as of project initiation on October 1, 2012. They are joined by staff of the FHI 360 service center², Senior Finance Officer Mr. Lemuel Mendoza, Finance Officer Ms. Juliet Caro, and administrative assistants Ms. Joy Caber and Ms. Arlene Escobido. Staffing of the FHI 360 Philippine office was complete by the end of quarter (Q) 1. Figure 1 depicts the ROMP Project organizational chart.

Dr. Roquero, as COP, is responsible for providing over-all management and technical leadership for the ROMP Project. He represents the project and coordinates with USAID, DOH, other USAID cooperating agencies (CAs) and partners/stakeholders. Under the FHI 360 Philippine Office, he supervises:

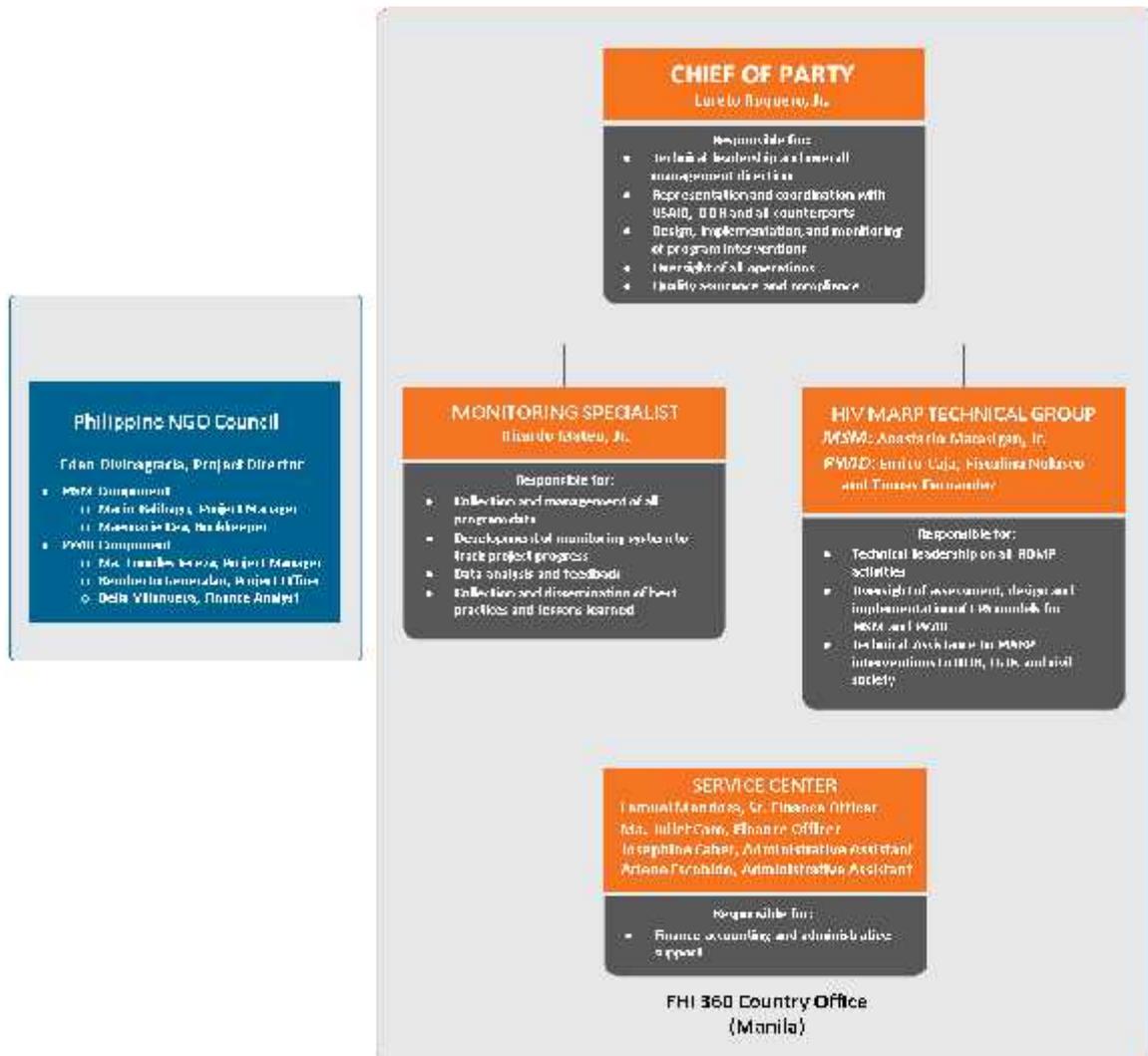
- M&E Specialist Dr. Mateo, who is responsible for development of the project's monitoring system and for tracking project progress through the regular collection, analysis, interpretation, documentation and dissemination of project data and accomplishments.

¹ Regional Office of Acquisition and Assistance, USAID-Philippines. Modification of Assistance, ROMP Revised Program Description, Attachment B. July 24, 2013.

² Service Centers (SC) are country office costs that are shared amongst all projects in that country. The costs are necessary for program implementation, but are not utilized solely for one specific program.

- HIV Most-at-risk Populations (MARP) Technical Group, which is composed of technical experts in the field of HIV/AIDS programming for MSM and PWID. The group ensures that planned activities are technically sound, evidence-based, gender-sensitive, rights-based and culturally/socially acceptable.
- The Service Center Team, headed by Mr. Mendoza, which provides administrative and financial support to the ROMP Project.

Figure 1. The ROMP Project Organizational Structure as of July 24, 2013.



Dr. Roquero also provides supervision and monitoring for local sub-awardee PNGOC to implement field-level activities. The PNGOC team is headed by Ms. Eden Divinagracia and is supported by MSM and PWID teams working in Quezon City and the Tri City in Cebu Province, respectively.

Regular Meetings with USAID, FHI 360 Staff and Implementing Partners: FHI 360 holds regular meetings with project staff, USAID, and local implementing partners to discuss project progress,

systems improvement, project and financial management, issues and concerns and other important matters. These meetings are scheduled as follows:

USAID: Initially weekly every Wednesday afternoon, then bi-monthly

PNGOC: Weekly, every Monday

FHI 360 Asia Pacific Regional Office (APRO): Weekly, every Wednesday afternoon through Skype

In addition to face-to-face meetings, FHI 360 stays in regular contact with all project partners and stakeholders through telephone and email. During this reporting period, FHI 360 also held various meetings with the Central and Regional Department of Health, the Philippine National AIDS Council (PNAC), other USAID CAs (IMPACT, HPDP, CHANGE, VisayasHealth) and technical working groups (TWGs) and other development partner agencies.

B.2. Amendment to the Cooperative Agreement

In November 2012, University of Southern Philippines Foundation (USPF), the non-governmental organization (NGO) identified to implement the ROMP PWID component, withdrew from the project based on a decision to defer PWID-related work and focus on other priority community development projects. This required a change in implementation arrangements and, as no other Cebu-based institution has a similar level of experience working with PWIDs, FHI 360 in consultation with local partners and stakeholders decided to engage PNGOC as the implementing partner for the PWID Component of ROMP. PNGOC brings to the ROMP Project extensive experience in PWID programming, having implemented PWID interventions in Cebu City (Barangay Kamagayan) and in 11 other municipalities under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Rounds 3 and 5 (for a total project duration of eight years). Activities included outreach prevention education delivered through a network of outreach peer educators (PE), support group activities, learning group sessions (LGS), and household visits, among others.

FHI 360 submitted a formal request for this change to USAID and, as PNGOC is also responsible for the ROMP MSM component, prepared an amendment to the existing PNGOC sub-agreement to reflect this new scope of work.

With pre-existing agreement from DOH and USAID on the revised project strategies and interventions, the ROMP project team revised the ROMP budget (FHI 360 component and PNGOC component) for review and approval by the USAID Regional Office of Acquisition and Assistance (ROAA). The project team held a series of consultation meetings with PNGOC and with FHI 360 APRO to review the budget and align it with the revised strategies and activities. FHI 360 APRO submitted the revised ROMP Annual Implementation Plan (AIP) and budget to USAID Manila on April 17, 2013. The modification of USAID assistance for the ROMP Project was approved on July 24, 2013 and the description of the modification is in Annex 3.

B.3. Year 1 Implementation Plan and Project Management Plan

On project start, FHI 360 discussed the development of the ROMP Project Year 1 AIP and Project Management Plan (PMP) with USAID, the GFATM-Transitional Funding Mechanism (TFM), DOH and LGU partners and other development agencies. FHI 360 submitted the AIP and PMP to the USAID-Agreement Officer's Representative (AOR) for review and comments in November 2012, and was

given conditional approval on December 21, 2012. A revised AIP and PMP were re-submitted on January 31, 2013, with the AOR's comments addressed. The PMP dated November 29, 2012 is included in Annex 4.

On February 7, 2013, USAID requested that FHI 360 review, sharpen, and further focus project strategies and introduce innovative HIV/AIDS interventions as part of the MSM and PWID CPS models to be implemented/tested in the project sites. Consequently, all planned field-level activities were put on hold pending the revision and enhancement of ROMP strategies and intervention activities.

A team from FHI 360 APRO composed of Stephen Mills, PhD, MPH³ and Matt Avery⁴ worked with the ROMP project team in Manila to review and revise the project strategy and interventions in consultation with DOH and USAID. FHI 360 also conducted a rapid review of the relevant literature, including the results of MSM and PWID program rapid assessments completed in the project sites in Q1. The enhanced ROMP project design was presented to USAID on February 15, 2013 and subsequently to DOH program partners. The proposed new design was vetted by LGU partners in Quezon City and the Cebu Tri City and by the HIV TWG (which included representatives from DOH, WHO-WPRO, GFATM, and UNAIDS among others). After some clarifications on operationalization of activities and sustainability of interventions, the design was deemed logical, promising and worth testing.

The FHI 360 Philippines team, together with Ms. Jackie McPherson⁵, presented a more detailed description of the ROMP Project interventions to USAID on March 8, 2013, revised to reflect comments, clarifications and suggestions made by partners and stakeholders. The redesigned project will develop intervention models to reach highest-risk MSM (young MSM with multiple partners, practicing anal sex without a condom) and PWID (active injectors, sharing injecting equipment, and overlapping sexual risks) and provide them with a comprehensive prevention-to-care intervention package that DOH can recommend to other LGUs for future programming. FHI 360 revised and resubmitted the AIP and PMP to reflect the enhanced design; after further adjustment and feedback from USAID the ROMP Project results framework and logframe were approved by the USAID AOR and Project Management Specialist on April 19, 2013. The revised AIP and PMP were submitted to USAID on May 15, 2013.

The changes described above resulted in the need to amend the ROMP Project Cooperative Agreement with USAID. On June 11, 2013, pending USAID approval of the revised AIP, FHI 360 requested concurrence to implement key preparatory activities while awaiting formal ROAA approval of the revised submissions so as not to further delay project implementation. These activities are enumerated in Annex 5. Based on the technical concurrence of the AOR, the 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 (Annex 6). With the USAID-ROAA approval of the modification

³ Technical Director, FHI 360 APRO

⁴ Strategic Behavioral Communications Officer, FHI 360 APRO

⁵ Deputy Director, FHI 360 APRO

of USAID assistance for the ROMP Project in July 2013, FHI 360 worked on the finalization of the Year 2 AIP and PMP to be submitted on October 21, 2013.

C. Summary of Major Activities and Accomplishments in Year 1

Of the committed activities for Y1 based on the ROMP Project-approved AIP dated November 29, 2012, the following activities were completed:

1. Rapid assessment of the MSM and PWID situation, existing programs and services
2. Consultative workshops for the refinement of ROMP interventions

The following activities were initiated and will be continued and completed in Year 2:

1. Development of Klinika Bernardo as the MSM Friendly/Male Wellness Referral Center
2. Development and Operationalization of Case Management Committees
3. Establishment of Referral Sites and Setting up of Referral Systems
4. Development and Operationalization of the ROMP MSM Text Messaging Service (TextBro)

Because the ROMP Project was redesigned in Q2-Q3, a number of planned activities were not aligned to the approved AIP. Thus, the ROMP Project had to seek USAID approval to implement key activities. Table 1 contains a summary of the products developed by the ROMP Project in Year 1:

Table 1: Products of the ROMP Project in Year 1 (October 1, 2012 to September 30, 2013).

CPS	Objectives	MSM Products	PWID Products
Prevention and Education	Pilot an intensive, time-bound PDR targeting highest-risk individuals through their sexual and social networks	<ul style="list-style-type: none"> • Peer-driven MSM recruitment operations manual • Identification and orientation of MSM peer recruiters • MSM Motiv8 training manual and Motiv8 session flipchart for facility-based PEs • TOR of facility-based PE 	<ul style="list-style-type: none"> • Peer-Driven PWID recruitment operations manual • Identification and orientation of PWID peer recruiters • PWID Motiv8 training manual and Motiv8 session flipchart for facility-based PEs • TOR of facility-based PE
Diagnosis of HIV, STI and TB	Strengthening facility-based peer education to motivate HIV testing, results notification, follow-up testing, and the use of prevention commodities	<ul style="list-style-type: none"> • Klinika Bernardo Strategic Plan (2013-2017) • Facility profiles of MSM SDN members • Documented negotiation to ensure access to HIV and TB testing 	<ul style="list-style-type: none"> • Training curriculum on desensitization and reduction of PWID-related stigma for social hygiene clinic staff • Facility profiles of PWID SDN members • Documented negotiation to ensure access to HIV and TB testing
Treatment (Case Management)	Piloting a case management approach for HIV-positive MSM and PWID to increase	<ul style="list-style-type: none"> • TOR of the CMT and CMC • QCHO order for the assignment of CMC and facility-based PE to Klinika Bernardo 	<ul style="list-style-type: none"> • TORs of the CMT and CMC • Documented negotiation to ensure ART availability at Cebu City SHC as a satellite ART clinic

CPS	Objectives	MSM Products	PWID Products
	treatment initiation, retention and adherence	<ul style="list-style-type: none"> Documented negotiation to ensure ART availability in Klinika Bernardo as a satellite ART clinic 	
Care and Support		<ul style="list-style-type: none"> List of referral providers for non-health services. 	<ul style="list-style-type: none"> List of referral providers for non-health services
Strengthening SBC programming		<ul style="list-style-type: none"> SBC strategy MSM key messages 	<ul style="list-style-type: none"> SBC strategy PWID key messages
Documenting lessons learned and SOP to support model replication		<ul style="list-style-type: none"> Process documentation training curriculum 	<ul style="list-style-type: none"> Process documentation training curriculum

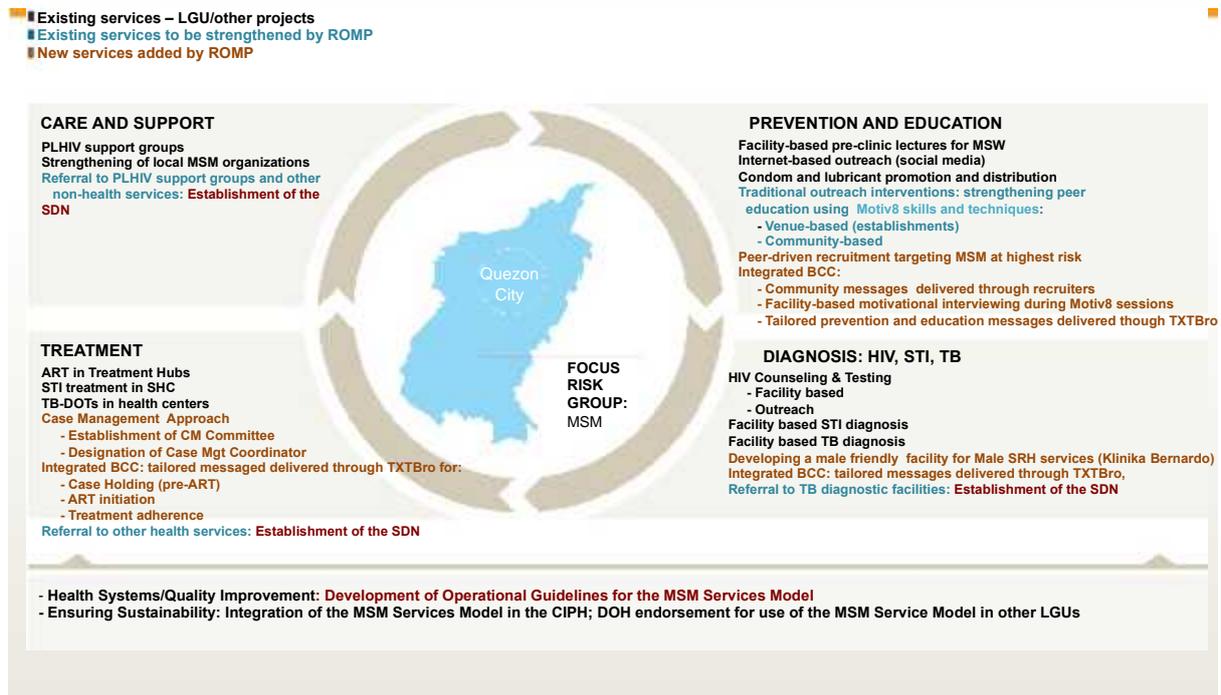
The above products were developed under the leadership of central/regional departments of health, through the work of local consultants engaged to provide short-term technical assistance (STTA), and with technical support from the FHI 360 country office and APRO team.

For Year 2, FHI 360 will continue the partnership with PNGOC for ROMP Project activities implementation in the project sites. The focus would be peer recruitment and actual enrolment of MSM and PWID into the interventions. A more detailed description of these activities is contained in the Year 2 ROMP Project AIP.

C.1. CPS Model for MSM in Quezon City

Based on the ROMP project implementation timeline, as contained in Attachment B of the ROMP Revised Program Description, the project should be in the CPS Model Pilot Testing Phase by end of Year 1. Diagram 1 depicts the CPS model for MSM currently being pilot tested in Quezon City.

Diagram 1. Comprehensive Package of Services for MSM in Quezon City



C.1.1. Prevention and Education

The estimated size of the MSM community in Quezon City exceeds 22,000. The 2011 IHBSS reported, that only 15-20% of them have been reached by the SHC and NGOs, and 12% of MSM and 9% of MSWs received HIV testing in the past year and knew their test results. Rates of anal sex with another male are high (70% among MSM and 66% among male sex workers [MSWs]) but condom use at last anal sex are low (25% among MSM, 32% among MSWs).

The ROMP Project is testing a peer-driven recruitment (PDR) approach to access highest-risk MSM (young, with multiple partners, practicing anal sex and not using condoms) who are not being reached by existing interventions. These MSM are identified and recruited by members of their own social and/or sexual networks and referred to Klinika Bernardo where they will participate in a series of two Motiv8 behavioral counseling sessions (based on motivational interviewing techniques) conducted by specially trained, facility-based PEs to strengthen their intrinsic motivate to engage in preventative, health-seeking and treatment adherence behaviors.

The following are Prevention and Education related products developed in Year 1:

1. Peer Driven MSM Recruitment Operations Manual (Annex 7). FHI 360 worked with local partners to develop this guide to community-based peer/client recruitment and referral to Klinika Bernardo. On August 8, 2013, FHI360 trained 2 case management coordinators (CMC), 3 PEs and 4 Quezon City Health Department (QCHD) staff on peer recruitment, including the goal and function of community

recruitment in the ROMP Project's PDR, the steps and procedures to be followed for PDR in the community and in Klinika Bernardo, the duties and responsibilities of a peer recruiter (PR) and the staff in Klinika Bernardo, and the use of coupons, recording and reporting forms and software for collecting information and monitoring the recruitment process. FHI360 also instructed the CMCs in the future training of peer recruiters.

All participants actively participated in the discussion, asked questions for clarification, and completed the training. The CMCs were able to cover all the topics in the peer recruiter training role-plays with some corrections on the collection of secondary incentives and delivery of key messages. Trainers provided additional coaching after each role play, and held follow-up discussions with the CMCs during Klinika Bernardo visits.

2. Identification and Orientation of Initial MSM Peer Recruiters to initiate PDR among MSM in Quezon City. Potential HIV-positive PRs came to Klinika Bernardo to be part of the ROMP Project intervention. They underwent Motiv8 sessions and were screened for eligibility to become initial PRs. One met the eligibility criteria and was trained by the CMC on how to recruit peers, the use of referral and payment coupons, time commitment for the Motiv8 session, how to collect the secondary incentives and how to deliver key messages.

3. Motiv8 Training Materials for Facility-based MSM Peer Educators (Annex 8). Interpersonal communication has been demonstrated to be an effective strategy for improving HIV-related knowledge, attitudes and behaviors; however, communication through traditional, venue-based peer education is often limited by time constraints and the difficulty discussing sensitive topics in a public setting. Peer educators require strong communication skills and strategies for moving beyond the provision of basic HIV prevention information, and they need techniques which are flexible enough to be applied in a variety of settings. In order to strengthen PEs' capacity to help clients discover their own reasons for adopting positive behaviors, FHI 360 worked with the DOH to develop a training curriculum called Motiv8, based upon motivational interviewing (MI) theory and techniques. Motiv8 is a second level (or advanced) capacity-building training adapted from *Safe Talk*, an MI-based intervention, developed at the University of North Carolina. *Safe Talk* has been evaluated through a randomized control trial and has been identified by the US CDC's HIV/AIDS Prevention Research Synthesis project as meeting the criteria for good evidence of efficacy.⁶

The ROMP Project supported a curriculum design and facilitators' module development writeshop from May 20-22, 2013 in Manila with Mr. Matt Avery from FHI 360 APRO as lead facilitator and Ms. Jackeline Acosta and Ms. Graziella Cardano of the Health Human Resource Development Bureau (HHRDB)-DOH as module development consultants.

FHI 360 also developed a corresponding Motiv8 flipbook job aid (Annex 9) to guide peer educators in carry out Motiv8 counseling sessions for MSM. QCHD PEs and select staff were identified and trained on conducting Motiv8 sessions using these materials from July 8 to 13, 2013. As Motiv8 skills and techniques are also useful for outreach GFATM-TFM PEs and site implementation officers (SIO), they were invited to participate in the training

⁶ More information about the PRS efficacy review process, methods, and criteria can be found at <http://www.cdc.gov/hiv/topics/research/prs/index.htm>.

The first two training days were classroom-based instruction conducted by local FHI 360 project staff, PNGOC and QCHD focusing on key MI skills (reflection, open-ended questions, elicit-provide- elicit) and on the fundamental techniques of MI (avoiding the expert trap and the righting reflex, developing discrepancy, working through ambivalence, and rolling with resistance (Miller WR., Rollnick S. *Motivational Interviewing - Helping People Change* (Third Edition). Guilford Press, 2013). While these skills and techniques were geared under the ROMP project toward use in a facility setting, they could also be used by PEs conducting outreach activities. The third day of the training was devoted to introducing the Motiv8 framework, which applies the MI skills to an 8-step, facilitated counseling session which with a 30-40 minute run time is intended for facility-based interactions.

The last two full days of the training were a field-based practicum conducted with volunteer clients at Klinika Bernardo. Each training participant counselled a minimum of two clients (some saw as many as four) and received immediate feedback from a peer observer. Informal exit interviews were conducted with service clients, and a feedback session was held at the end of each night. A final wrap-up and integration session was held on the last day to bring together lessons learned over the course of the training and practicum. A total of two CMCs, 13 PEs and four QCHD staff successfully completed the training, along with five GFATM-TFM Site Implementation Officers (SIOs).

4. Refresher Learning Group Sessions for Facility-based PEs. As the Motiv8 training builds on the knowledge and skills learned by PEs in previous basic capacity building activities, ROMP conducted a Training Needs Assessment (TNA) to identify topics where PE knowledge or understanding needs to be strengthened for them to adequately respond to information requirements of clients during Motiv8 sessions. Results of the TNA were used to prepare a curriculum for future refresher training or learning group sessions (LGS) on:

- ART: Getting started, dealing with treatment side effects, staying healthy on ART and getting support for living with HIV
- On Sexual and Reproductive Health Issues: Understanding individual's sexual rights and responsibilities
- Gender and Legal Issues: Gender awareness and sensitivity, impact of sexual and gender-based violence on HIV transmission, how gender roles are socially and culturally determined, causes and prevention of sexual and gender-based violence and national laws and ordinances related to HIV and gender
- Life Skills for HIV Prevention: Making plans for the future; goal-setting

5. Terms of Reference of Facility-Based Peer Educators (Annex 10). Using facility-based PEs is an innovation being piloted under the ROMP project. FHI 360 worked in consultation with QCHD and DOH to develop a TOR differentiating the roles and responsibilities of facility-based MSM PEs from traditional outreach PEs and guiding them to them in the conduct of their tasks.

C.1.2. Diagnosis of HIV, STI and TB

The ROMP Project aims to increase HCT uptake, client notification, and follow-up testing, including testing for STIs and TB co-infection among MSM. Project activities are designed to strengthen, promote and increase access of MSM to diagnostic services, not only for HIV but for STI and TB as well. As clinical diagnosis initiatives should ethically link to the provision of treatment services,

products in this component feed to the Treatment (Case Management) component of the ROMP Project.

The following are products related to the Diagnosis of HIV, STI and TB developed in Year 1:

1. Klinika Bernardo Strategic Plan 2013-2017. To guide the overall development of Klinika Bernardo to become a male sexual and reproductive health facility, the ROMP Project assisted in the development of the Klinika Bernardo Strategic Plan for 2013-2017. A health facility assessment was conducted in Q4 to help inform the preparation of this plan. The assessment gathered information to better understand the current situation, including provider capacities and attitudes toward clients, primary issues and concerns, and available services and service gaps, in order to better respond to the sexual and reproductive health needs of male clients. Major findings included:

- Lack of legal identity and/or policy instrument to provide clear cut demarcation in terms of management, target clients and administrative responsibility.
- Weak filing and recording system which compromises privacy and confidentiality of patient records.
- Clinical services are limited to HIV screening and etiologic diagnosis of some STIs. Its limited laboratory capacity also limits STI diagnosis and treatment.
- There are no operational standards or protocols including a workplan to guide operations as a health clinic.
- SHC personnel need updates to improve clinical acumen as their trainings have been conducted decades ago.
- The clinic shares space and time with Bernardo Social Hygiene Clinic (SHC) which limits implementation of physical improvements to the facility.
- The clinic lacks visibility and is existing under the shadow of Bernardo SHC.

The full assessment report is annexed to the Klinika Bernardo Strategic Plan 2013-2017 (Annex 11), which aims to improve clinic capacity to provide holistic and high-quality male health care (especially among MARPs), increase clinic service uptake and improve internal and external partnerships. The plan was presented to the Quezon City Health Officer (QCHO) and her staff on July 5, 2013. She acknowledged that, overall, the plan was rational and logical. In a separate meeting she approved of the strategic plan and said that it will be very useful when they prepare their annual health budget and will aid them during the proposal submission to DOH for funding support from the Health Facility Enhancement Program.

2. Facility profiles of MSM Service Delivery Network (SDN) members. Where other needed services are not available at Klinika Bernardo, a strengthened and bi-directional referral system is needed to ensure access to these services. Services available within this system should include pre-ART laboratory work-up and lab monitoring for those already on ART, TB diagnosis and treatment, psychosocial support 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 to strengthen the referral system/service delivery network for MSM and TG clients. 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 directory for the SDN, to date, is in Annex 12.

3. Documented negotiation to ensure Access to HIV and TB Testing. On June 13, 2013, the ROMP project participated in a meeting convened by the DOH- National TB Program to review and provide technical inputs to the draft DOH Administrative Order (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 goal of decreasing the burden of TB among PLHIV and the burden of HIV among TB patients. In relation to the guideline's directives, the ROMP Project negotiated arrangements with NASPCP for the provision of HIV testing kits for use by MSM in Klinika Bernardo. Likewise, referral facilities for GeneXpert (MDRTB) testing were identified and were requested to be a part of the SDN. Guidelines on TB testing for HIV-positive clients were also clarified with the National TB Control Program.

C.1.3. Treatment (Case Management)

The ROMP Project aims to increase ART initiation, retention and adherence among HIV-positive MSM and TG patients. In addition to the crosscutting activities described in section C.1.2., the products enumerated below are intended to strengthen, promote and increase access by MSM to treatment services.

The following are products related to Treatment (Case Management) developed in Year 1:

1. TOR of the Case Management Team and Case Management Coordinator. The Case Management approach will be pilot tested through the establishment of the case management team (CMT) supported by the CMC. Terms of reference for the team and coordinator were drafted in consultation with the QCHD and DOH. The draft TOR is in Annex 13.
2. QCHO Order for the assignment of Case Management Coordinators and Facility-based Peer Educators in Klinika Bernardo. QCHD issued a special order reassigning two nurse CMCs and three facility-based PEs to the Klinika Bernardo staff. All had undergone the PDR and Motiv8 training, including training on process documentation for the two CMCs.
3. Documented negotiation to ensure ART availability at Klinika Bernardo as Satellite ART Clinic. ROMP has negotiated arrangements with NASPCP to make ART available in Klinika Bernardo for HIV-positive MSM in Quezon City.

C.1.4. Care and Support

There are existing care and support services available in Quezon City and in neighboring cities in NCR. Many of these services, however, are not known to PLHIV and are not readily available to them when needed. By assisting in the development of a Service Delivery Network to bring together various service providers, strengthen two-way referral mechanisms, and provide a venue for these organizations to meet and strategize, ROMP will build a platform for the delivery of a CPS that includes a full complement of health and related non-health services.

The following product related to Care and Support was developed in Year 1:

1. List of Referral areas for non-health services. Client referral areas for health services needs are discussed in C.1.2. PLHIV have other needs beyond clinical health care. The QCHD likewise enjoined non-health care providers, like the Camillian HIV Ministry Philippines Province, to be part of the SDN.

C.1.5. Strengthening Strategic Behavioral Communication Programming

One key activity of the ROMP project is to develop an overarching and integrated SBC strategy to ensure that information, key messages, and activities conducted under this project are appropriate 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/treatment-seeking behaviors.

The following are products related to Strengthening SBC Programming developed in Year 1:

1. SBC Strategy. The initial activity leading to the development of the MSM SBC strategy was 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 discussion (FGD) 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 HCT and ART that informed the development of ROMP’s SBC strategy for MSM. Likewise, the assessment gathered information that will guide PDR implementation. The assessment report is in Annex 14.

Following the rapid assessment, the ROMP Project conducted an SBC planning workshop from April 22-24, 2013 at the Fersal Hotel in Quezon City with Mr. Matt Avery as lead facilitator. The workshop was attended by 26 participants, including representatives from the QCHD, USAID, NGOs working with MSM and PWID, community representatives, and representatives from the CHANGE Project. At the suggestion of USAID, representatives from the Manila-based B-Change Foundation also attended part of the workshop, 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, analysing 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 (Annex 15). At the end of the workshop each group gave a one-hour presentation on their proposed strategies.

2. MSM/TG Key Messages (Annex 16). Building on the outputs of the SBC planning workshop and with the SBC strategy in place, DOH and QCHD held follow-up meetings to develop, refine, pre-test and finalize health messages specifically targeting MSM and TG in Quezon. ROMP identified a local MSM consultant, Mr. Jose Mariano Fleras, who led message development guided by the creative

brief developed through the SBC planning workshop. Mr. Fleras created a list of messages that were presented to project staff and representatives from the QCHD, National Center for Health Promotion (NCHP)-DOH and NASPCP-DOH on July 1, 2013 for comments. This was followed by the pre-testing of key messages.

These multiple, mutually reinforcing messages will be delivered across components of the MSM CPS model starting at community recruitment, followed by facility-based motivational interventions, and after the client leaves the facility, through TXTBro or email.

C.1.6. Documenting lessons learned and standard operating procedures to support model replication

Activity 6. Develop Operational Guidelines for MSM CPS Model

Over the course of implementation of the MSM CPS model, guidelines will be developed in consultation with DOH and LGU partners to facilitate and standardize implementation of specific activities. A compendium of these guidelines will be packaged (in Year 3) for use by LGUs to help ensure intervention quality and consistency.

The following product was developed in Year 1 to support the development of the Operational Guidelines for the MSM CPS Model:

1. Process Documentation Training Curriculum (Annex 17). The development of the operational guidelines for the MSM CPS model will draw heavily from the documentation of project activities and processes, including lessons learned and insights gathered from project implementation experience. To strengthen the capacity of LGU, ROMP project staff and CMCs in project documentation, PNGOC and FHI360 conducted a training activity on project documentation procedures from September 5-6, 2013 in DOH CHD-7 with Drs. Fiscalina Nolasco and Ilya Tac-An as resource persons. Participants were nurses from the Tri City, the 5 ROMP CMC and the PNGOC program manager for MSM and program officer for PWID. Trainers discussed processes and procedures contained in the ROMP PMP, standard documentation forms and styles, and guidelines on photo documentation.

C.1.7. Managing Transition and Promoting Sustainability of Interventions

Support of local government executives, community stakeholders and gatekeepers needs to be secured to allow and ensure the smooth implementation of activities. Furthermore, LGU partners need to buy-in, manage and ensure continuity and sustainability of project interventions.

Activities under Managing Transition and Promoting Sustainability of Interventions are planned to be implemented starting only in Year 2. Products to be developed will include the following:

Products for Year 2:

1. LGU Transition and Sustainability Plan. A local consultant will be engaged to help identify funding mechanisms and corresponding costing guidelines for MSM interventions, (includes PDR and incentives, conduct of Motiv8 sessions by facility-based PEs, Case Management, TXTBro, and SDN. This plan will chronologically lay-out suggested sequential actions needed at the LGU level (across relevant units involved in budget preparation and submission, review and approval, release and implementation, including auditing) to help ensure that the budget proposal is compliant with

existing national and local budgeting rules and regulations, follows the LGU budget cycle timeline and processes and is incorporated in the Citywide Investment Plan for Health (CIPH).

2. Draft LGU and DOH policy/administrative issuances. To further ensure sustainability of the interventions, ROMP will aim for the LGU and DOH adoption of the MSM CPS model by Year 3 through the passage of corresponding LGU and DOH policy/administrative issuances. Preparation will be done in Year 2 to allow enough lead time for needed consultations with local and national stakeholders and partners before the filing of the draft issuances in the appropriate DOH and LGU policy forum for deliberations and approval.

C.1.8. Project Management Activities

Annual City Operational Planning. Annual operational planning workshops are scheduled with the QCHD and other partners to prepare a detailed city-level AIP for the MSM CPS model. On May 7, 2013, the QCHO convened an operational planning workshop attended by QCHD staff, particularly those of Klinika Bernardo, USAID and ROMP Project staff. The workshop aimed to prepare the detailed Year 1 implementation plan for key activities in Quezon City. At the request of the QCHO, this initial operational planning workshop was conducted with QCHD participants only so that they will have the opportunity to thresh out internal operational details of identified activities before presenting/advocating to external partners for support, collaboration or joint implementation. The QCHD AIP is in Annex 18.

Monitoring MSM CPS Model Implementation. The following activities were conducted in Year 1 and will be continued in Year 2:

- FHI360 and PNGOC weekly meetings: To plan activities implementation and review accomplishments vis-à-vis targets, monitor outputs, identify operational issues and concerns and propose joint solutions.
- PNGOC monthly ROMP staff meetings: To review project and financial plans and accomplishments, including reporting requirements.
- HIV TWG monthly meetings (every 3rd Friday of the month): Led by QCHD, to promote coordination of activities with other projects, discuss project accomplishments, issues and concerns.
- FHI 360 quarterly visit to project sites: To monitor CPS implementation, mentor and coach and validate reports/accomplishments. The Regional AIDS-STI Coordinator based in the DOH-CHD NCR will be actively engaged in monitoring project activities.

C.1.9. Accomplishment by Project Indicator

Based on the indicators and targets contained in the ROMP Project-approved PMP (dated December 21, 2013), the following are accomplishments for the MSM Component for Year 1:

Intermediate Result	Indicator	FY13 Target			FY13 Actual			% Acc.
		M	F/TG	Tot	M	F/TG	Tot	
Supply of HIV/AIDS Services Improved	Number of CPS model sites that meet basic service standards based on available national SOPs			1			1	100
	Number of individuals trained to provide technical assistance on CPS models for MSM	8	7	15	0	0	0	0
	Number of community health and para-social workers who successfully completed an in-service training	18	5	23	17	5	22	96
	Number of condom distribution outlets engaged in CPS model implementation			3			0	0
Demand for Essential HIV/AIDS Services Strengthened	Number of MSM reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	1,080	120	1,200	0	0	0	0
	Percentage of men reporting the use of a condom the last time they had sex with a male partner			50			No Data	
	Number of MSM who received testing and counseling services for HIV and received their test results	540	60	600	0	0	0	0
	Percentage of HIV-positive patients referred for TB diagnosis			50			0	0
	Number of eligible adults and children provided with a minimum of one care service	1,080	120	1,200	0	0	0	0
	Number of advocacy sectoral meetings conducted			5			5	100

Three of the 10 MSM indicators have reported accomplishments in Year 1. These are:

1. Number of CPS model sites that meet basic service standards based on available national SOPs:
The model in Quezon City includes interpersonal communication and counseling through peer

outreach, HCT, STI diagnosis and treatment, condom promotion and availability, prevention of mother to child transmission and referral.

2. Number of community health and para-social workers who successfully completed an in-service training: The trainings in Year 1 included Developing a Strategic Behavioral Communication Plan, Motiv8 Training for Facility-based MSM PEs, Community Recruitment Training for PDR and Process Documentation.
3. Number of advocacy sectoral meetings conducted: Meetings were held with the PNAC Secretariat, potential SDN member agency representatives, Joint UN Theme Group, Quezon City government officials and Quezon City STD/AIDS Council and NGOs (AIDS Society of the Philippines, SAMACKA and The Love Yourself Foundation).

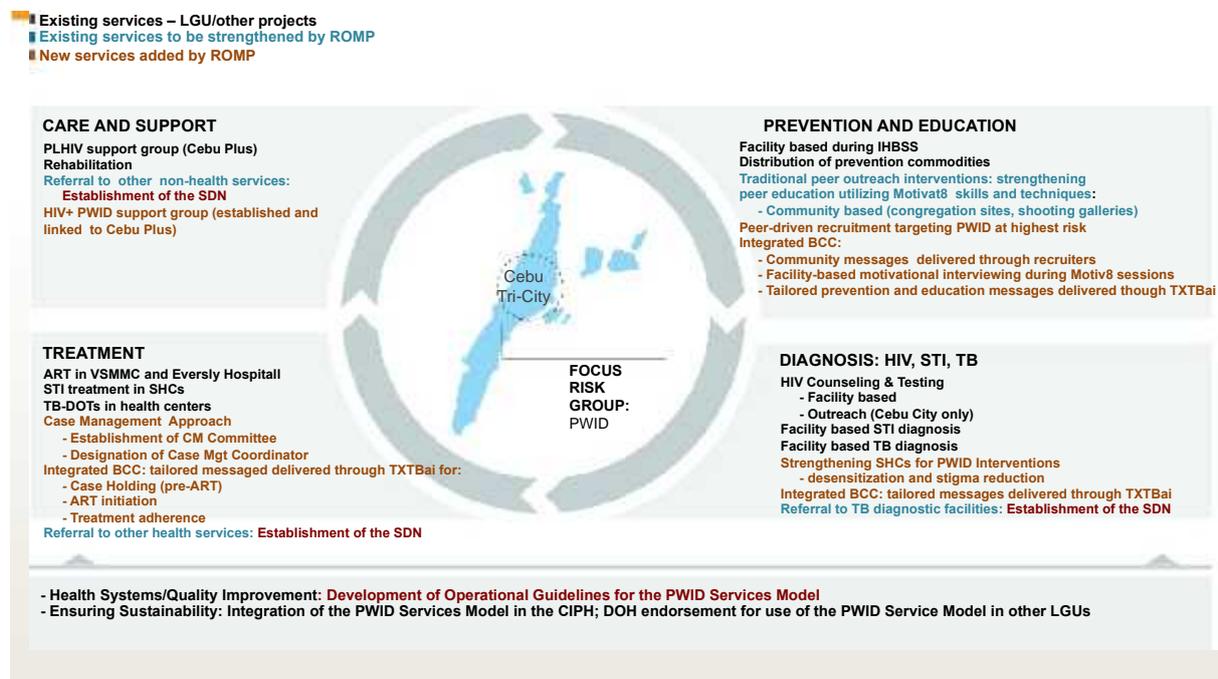
Accomplishments for the other indicators are not reported because the anchor activity is either dropped or revised in the redesign of ROMP interventions, and/or actual service delivery (Phase III of ROMP Implementation) could only start in Year 2 given the project delays as discussed above.

C.2. CPS Model for PWID in the Tri City

Based on the ROMP Project implementation timeline, as contained in Attachment B of the ROMP Revised Program Description, the project should be in the CPS Model Pilot Testing Phase by end Year 1.

1. Diagram 2 depicts the CPS model being pilot tested in the Tri City.

Diagram 2. Comprehensive Package of Services for PWID in the Tri City



C.2.1. Prevention and Education

In Lapu-Lapu and Mandaue cities, the ROMP Project is testing a PDR approach to access highest-risk PWID (active injectors, sharing injecting equipment, with overlapping sexual risks, and who are not being reached by existing interventions). These PWID are identified and recruited by members of their own social and/or sexual networks and referred to a local Social Hygiene Clinic where they will participate in a series of two Motiv8 behavioral counseling sessions (based on motivational interviewing techniques) conducted by specially trained, facility-based PEs to strengthen their intrinsic motivate to engage in preventative, health-seeking and treatment adherence behaviors.

As Cebu City is a convergence site for PWID interventions for the ROMP Project and the GFATM-TFM and HIV Prevention in Big Cities Project (BCP), the peer-driven PWID recruitment will not be implemented. The LGU felt that if ROMP implements an incentive scheme, client recruitment in Cebu City for the two other projects may be affected. ROMP therefore will forego active client recruitment and focus on facility-based services for clients referred by GFATM-TFM and BCP PEs and drop-in clients in the SHC. Focus will be among high-risk PWID reached by TFM PEs (and later on, BCP) who were not tested for HIV on-site, HIV-positive PWID who have not initiated ART (both eligible and not yet eligible for ART) and HIV-positive PWID who are ART defaulters. All clients recruited by PWID outreach PEs and brought to the Cebu City SHC will be given the opportunity to participate in a Motiv8 session.

The following are products related to Prevention and Education developed in Year 1:

1. Peer Driven PWID Recruitment Operations Manual (Annex 19). FHI 360 developed this manual to guide community-based peer/client recruitment for referral to the Lapu-Lapu and Mandaue SHCs. In Cebu City, no PR will be engaged. Instead, outreach PEs hired through GFATM-TFM will refer their PWID recruits to the Cebu City SHC to access services.

On September 3, 2013, ROMP trained three CMCs, nine PEs and six Tri City SHC staff on peer recruitment using this manual, including the goal and function of community recruitment in the ROMP Project's PDR, the steps and procedures to be followed for PDR in the community and in the SHC, the duties and responsibilities of a peer recruiter (PR) and the SHC staff, and the use of coupons, recording and reporting forms and software for collecting information and monitoring the recruitment process. ROMP also instructed the CMCs in the future training of peer recruiters.

All participants actively participated in the discussion, asked questions for clarification, and completed the training. The CMCs were able to cover all the topics in the peer recruiter training role-plays with some corrections on the collection of secondary incentives and delivery of key messages. Trainers provided additional coaching after each role play, and on September 26, 2013, the ROMP Project had a mentoring session with the three CMC and Dr. Tac-An to review the filling-out of the Individual Client Record, the Motiv8 session record, the steps in PDR, the Client Tracking Database and the PR Training Script. FHI 360 conducted a more in-depth discussion of PDR was conducted by FHI 360 on September 26, 2013 with the three CMCs.

2. Identification and Orientation of Initial PWID Peer Recruiters to initiate the peer-driven recruitment of PWID in Mandaue and Lapu-lapu cities.

It is estimated that 7.5% of the PWID population are females (the majority of whom are sex workers). As part of ROMP's Gender Action Plan, engagement of female (and male) PWID peer recruiters was planned for the cities of Mandaue and Lapu-lapu to access female PWID and refer them to the SHCs for enrolment in the interventions. While the project had identified these initial female PWID PR, ROMP and LGU staff had met difficulties in convincing them to become peer recruiters (they are willing to participate in the interventions as clients but not come as PR because of the greater stigma attached to female PWID compared to males, and the double jeopardy they are facing as sex worker at the same time).

Initial PWID PR in Mandaue and Lapu-lapu therefore are all males. However, these male PRs were encouraged to recruit female PWIDs who are already part of their social/sexual/drug-using networks so that succeeding waves of PRs will include female PWID. Project CMCs have oriented a total of 6 PR (3 each for Mandaue and Lapu-lapu city) in their respective City Health offices using the PWID PR Recruitment Operations Manual.

3. Motiv8 Training Materials for Facility Based PWID Peer Educators (Annex 20). As discussed in Section C.1.1., there is a need to reinforce PEs' capacity to help clients develop intrinsic motivations to adopt positive behavior. To address this, ROMP organized and facilitated a writeshop from July 15-17, 2013 to develop the PWID PE training curriculum and materials with Ms. Ma. Graziella Cardano of HHRDB-DOH as module development consultant. Participants included Dr. Gerard Belimac of NASPCP, representatives from DOH-CHD 7, LGUs of Cebu, Lapu-Lapu and Mandaue Cities and DSWD. Other stakeholders, including three PWID PEs, also participated in the writeshop. The Cebuano version of the PWID PE Training module (Annex 19) and Motiv8 flipbook (Annex 21) were the key writeshop outputs. FHI 360 further revised these tools, which were used in the Motiv8 facility-based PWID PE training on motivational interviewing which was held from August 12-17, 2013.

Training participants included ROMP PWID PEs, CMCs and SHC staff from across the Tri-City area; as Motiv8 skills and techniques can also be used for venue-based outreach, GFATM-TFM PWID PEs and SIOs also participated in the training. The curriculum followed the same flow as described in C.1.1. The 3-day didactic training was held in El Salvador Resort Hotel in Danao City and the 2-day practicum and 1 day integration meeting were held in the Cebu City SHC. Three CMCs, nine PEs and three Tri City SHC staff successfully completed the training, along with nine GFATM-TFM PEs and two SIOs.

4. Remedial/Refresher Training Course for Facility Based PE. As the Motiv8 training builds on the knowledge and skills learned by PEs in previous basic capacity building activities, ROMP conducted a Training Needs Assessment to identify topics where PE knowledge or understanding needs to be strengthened for them to adequately respond to information requirements of clients during Motiv8 sessions. Dr. Ilya Tac-An of the Cebu City Health Department conducted this TNA with the nine ROMP Project PEs and three CMCs from the Tri City as respondents.

The TNA findings (Annex 22) determined the need to develop a training curriculum that would enhance the PEs' and CMCs' knowledge and skills in basic peer education. Subsequently, Dr. Ilya Tac-an facilitated a remedial training for PEs and CMCs from September 23-25, 2013. The three CMCs and nine facility-based PEs from the Tri City participated in the remedial training, which included content on STI/HIV/AIDS prevention, testing, treatment and care including the correction of

persisting myths and misconceptions and enhancement of their communication skills to effect behavior change. The training curriculum for the course is in Annex 23.

5. TOR of Facility-based Peer Educators (Annex 24). Using facility-based PEs is an innovation being piloted under the ROMP project. FHI 360 worked in consultation with the LGUs and DOH to develop a TOR differentiating the roles and responsibilities of facility-based PWID PEs from traditional outreach PEs and guiding them in the conduct of their tasks.

C.2.2. Diagnosis of HIV, STI and TB

The ROMP Project will increase HCT uptake, client notification, and follow-up testing, including testing for STI and TB co-infection among PWID. Project activities are designed to strengthen, promote and increase access of PWID clients to diagnostic services, not only for HIV but for STI and TB as well. As clinical diagnosis initiatives should ethically link to the provision of treatment services, products in this component feed to the Treatment (Case Management) component of the ROMP Project.

The following are products related to Diagnosis of HIV, STI and TB developed in Year 1:

1. Training Curriculum on Stigma reduction and Desensitization on IDU for SHCs (Annex 25). Service provider and clinic staff attitudes greatly affect the acceptability and uptake of services by PWIDs. One of the salient findings of the rapid PWID qualitative assessment completed in January 2013 by FHI 360 was that many health service providers are not really comfortable dealing with PWID and that they have negative perceptions which could lead to discriminatory actions against this group, particularly with regard to female injectors. This may be a constraint during implementation, especially in Lapu-Lapu and Mandaue where the SHC are not yet that exposed to PWID work. ROMP therefore assisted the DOH-CHD 7 in conducting a training for health service providers working with people who inject drugs on stigma reduction and desensitization. PNGOC and Dr. Ilya Tac-An facilitated this training on September 2, 2013 at the Cebu City Health Department with an overall objective of educating service providers about addiction, the lives of PWID and how stigma and denial of human rights fuel HIV transmission.

Dr. Tac-An requested that the Cebu City SHC staff be included in the training because she also noted certain “negative” attitudes among her staff toward PWID. Activities included lectures, brainstorming, case studies for discussion and problem solving and individual reflections. Trainers highlighted that discrimination against PWID is not confined to government health care providers since discrimination is evident among NGO staff and even among the PWID themselves. There were 32 participants in the training coming from the Tri City LGU and ROMP Project PEs and CMCs.

2. Facility profiles of PWID Service Delivery Network members. On September 4, 2013, Director Jaime Bernadas of DOH-CHD 7 convened and presided over a consultation and planning meeting for strengthening of a referral system/Service Delivery Network for HIV-positive PWID. Participants included representatives from the Tri City LGUs, Vicente Sotto Memorial Medical Center, Rehabilitation Center (Argao), Cebu Plus Association, Inc. and Eversly Hospital. The *Referral System for Care and Support Services for PLHIV and their Families in the Community* manual developed by

DSWD/UNDP in December 2010 was used as main reference for the meeting and was presented by Ms. Rosemarie Salazar of DSWD.

Dir. Bernadas expressed his support and the DOH-CHD 7's leadership on this endeavor. He appointed Mr. Boel Espinas to regularly update him on project progress and to identify DOH-CHD 7's other areas of support. The facility profile of PWID SDN members is in Annex 26.

3. Documented negotiation to ensure Access to HIV and TB Testing. ROMP negotiated arrangements with NASPCP for the provision of HIV testing kits for use by PWID in Mandaue and Lapu-lapu SHCs. Referral facilities for GeneXpert (MDR-TB) testing were identified (as part of the SDN).

C.2.3. Treatment (Case Management)

The ROMP Project will increase ART initiation, retention and adherence among HIV-positive PWID. In addition to the crosscutting activities described in section C.2.2., the products enumerated below are intended to strengthen, promote and increase access by PWID to treatment services.

The following are products related to Treatment (Case Management) developed in Year 1:

1. TORs of the Case Management Team and Case Management Coordinator. The Case Management approach will be pilot tested through the establishment of the CMT supported by the CMC. Terms of reference for the team and coordinator were drafted in consultation with the QCHD and DOH. The TOR is in Annex 27.

2. Documented negotiation to ensure ART availability in the Cebu City SHC for clients referred from Mandaue and Lapu-lapu SHCs. DOH-NASPCP is developing the Cebu City SHC as a satellite ART treatment center to increase access to ART beyond the existing HIV treatment hub (Vicente Sotto Memorial Medical Center). Given PWID concerns on privacy and confidentiality and evading police arrest when visiting the hospital, HIV-positive PWID from Mandaue and Lapu-lapu could now be referred for ART initiation and resupply at the Cebu City SHC. ROMP has negotiated arrangements with NASPCP to make ART available in Cebu SHC for HIV-positive PWID referred from Mandaue and Lapu-lapu City.

C.2.4. Care and Support

There are existing HIV care and support services in the Tri City. For example, the City Social Services Development Department provides community services, Cebu Plus provides PLHIV and home-care services, and the Cebu City SHC will operate as a satellite ART center in addition to Vicente Sotto Memorial Medical Center treatment hub. There are also existing government and private drug rehabilitation centers. Many of these services, however, are not known to PLHIV and not readily available to them when needed. ROMP is therefore assisting with the development of the SDN, as discussed under the Diagnosis and Treatment (Case Management) section, to provide a platform for the delivery of a comprehensive package of services (including both health and related non-health services) by formally bringing together various referral services, strengthening two-way referral mechanisms and providing the venue for these organizations to meet regularly to review service strengthen the referral and coordination mechanisms.

ROMP will also support the establishment of a support group for HIV-positive PWID so as to provide a regular platform to interact with HIV+ PWIDs, better understand and provide more focused attention to their collective needs and concerns.

The following product was developed in Year 1 as part of Care and Support initiatives::

1. List of Referral areas for non-health services. Referral areas for non-health services were identified as part of the SDN. The DSWD Manual on *Referral System for Care and Support Services for PLHIV and their families in the Community* was reviewed for localization.

C.2.5. Strengthening Strategic Behavioral Communication Programming

One key component of the ROMP project is the development of an overarching, integrated SBC strategy to ensure that information, key messages, and activities conducted across project components 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 following are products related to Strengthening SBC Programming developed in Year 1:

1. 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”*. Local consultant Dr. Ethel Dano guided recruitment of FGD participants and data collection during the first and second weeks of April 2013.

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 Strategy for PWID. Likewise, the assessment gathered information that shaped PDR implementation. The assessment report is in Annex 28.

The assessment informed 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. Because of the complex socio-legal circumstance of drug use and the difficulty in sifting through the PWID’s psyche, the group was unable to complete the plan. From September 16-17, 2013, FHI 360 convened representatives from the DOH-CHD 7, the LGU, WHO, the PWID community, USAID and marketing/communications experts from the CHANGE Project to finalize the SBC strategy for PWID. The workshop participants were able to fine-tune the initial PWID SBC strategy, reach an agreement on the program and communication objectives, the key messages per PWID strata and the touchpoints where these messages will be delivered. Because of the characteristics of our primary audience, the touchpoints will mainly be non-traditional, mostly interpersonal communication and counseling. It was clarified that the PWID SBC strategy will be incorporated into and mutually reinforcing across all ROMP Project activities. Other identified message delivery touchpoints beyond the budget capacity of ROMP will be handled by the CHANGE Project. It was agreed that the CHANGE Project will come up with a creative brief to guide message development which will be vetted by DOH and the ROMP Project for approval. To get a feel and better understanding of the PWID scenario, the CHANGE and ROMP Project representatives, together with Mr. Derreck Golla of USAID, conducted an environmental scanning in Barangay Kamagayan, the site in Cebu City where PWID live/hang-out and shoot drugs.

2. Draft PWID Key Messages. ROMP and CHANGE presented a preliminary PWID SBC strategy, with a list of key messages and touchpoints, to Dr. Gerard Belimac for additional inputs, directions and

concurrence to proceed. It was agreed that CHANGE will develop the PWID SBC creative brief for discussion and agreement with ROMP then to Dr. Belimac for approval. ROMP and CHANGE will pre-test and finalize the PWID messages.

C.2.6. Documenting lessons learned and standard operating procedures to support model replication

Over the course of implementation of the PWID CPS model, various guidelines will be developed in consultation with DOH and LGU partners to facilitate implementation of specific activities. A compendium of these guidelines will be packaged (in Year 3) for use by LGUs to help ensure intervention quality and consistency.

The following product was developed in Year 1:

1. Process Documentation Training Curriculum. The curriculum discussed in Section C.1.6. is applicable to both MSM and PWID components of ROMP.

C.2.7. Managing Transition and Promoting Sustainability of Interventions

Support of local government executives, community stakeholders and gatekeepers needs to be secured to allow and ensure the smooth implementation of activities. Furthermore, LGU partners need to buy into, manage and ensure continuity and sustainability of project interventions.

Transition and sustainability activities in the Tri City will be paced based on the readiness of the individual LGUs. Cebu City has a more mature HIV/AIDS prevention and control program and already implements robust interventions targeting PWID. Mandaue and Lapu-lapu cities, however, will be implementing PWID interventions for the first time. These two cities stand to benefit from the Cebu City experience and also need to benchmark their PWID interventions with those already implemented by the Cebu City SHC.

Lapu-lapu City is currently not an IHBSS site and surveillance data is not readily available to support advocacy activities for PWID intervention implementation. However, the City Health Office recognizes the city's vulnerability to HIV, especially among PWID, given their mobility within the Tri City area and the exploding epidemic in the neighbouring cities of Mandaue and Cebu. The CHO is convinced of the need and supports the implementation of PWID interventions including harm reduction initiatives.

Of the three cities, Mandaue appears to be the most reluctant to implement PWID interventions. Given the magnitude of the HIV epidemic among PWID in the area, as seen in the preliminary results of 2013 IHBSS, the City Health Office has agreed to initiate PWID interventions. However, the CHO remains cautious and has not agreed to the distribution of harm reduction paraphernalia within the city health office premises. Getting the CHO to recognize the existence of PWID in the locality, the gravity of the current HIV situation among this group, and agreeing to start implementation of interventions for PWID were critical gains achieved in Year 1.

ROMP will calibrate advocacy activities to the LGU (and the Local AIDS Council) corresponding to their level of readiness as described above: from eliciting support and cooperation for the implementation of harm reduction initiatives towards transitioning of project management to the LGU, and promoting sustainability of PWID interventions.

C.2.8. Project Management Activities

Annual City Operational Planning. Annual operational planning workshops are scheduled with the LGU implementers, stakeholders and partners to prepare detailed city implementation plans for the PWID CPS model. For the PWID component, ROMP conducted an initial operational planning workshop in February 2013. Given the revision/fine-tuning of the ROMP strategy, a follow through operational planning was convened from August 1-2, 2013 at the Summit Circle Hotel, Cebu City to update the earlier LGU plans for the remaining months of 2013 and to prepare for the implementation of planned interventions for Year 2 of ROMP. The workshop aimed to develop the implementation plans for the ROMP Project of the cities of Cebu, Lapu-Lapu and Mandaue in the context of their comprehensive HIV/AIDS prevention and control plans. Meeting participants included 15 local government representatives, such as health managers, PEs, potential CMCs and planning officers. Other government agencies like the Philippine Drug Enforcement Agency (PDEA), the Philippine National Police (PNP) and the DSWD were also represented. Cebu Plus Association, an NGO, also sent five representatives to participate in the planning activity. FHI 360 presented the ROMP Project-PWID component assistance, the results of the rapid qualitative assessment conducted among HIV/AIDS service providers in each city, the draft PWID SBC framework and the ROMP PMP to aid the participants in identifying activities for their individual city plans. The draft city plans, attached here (Annex 29), will be fine-tuned and completed with the assistance of FHI 360 and PNGOC.

Monitoring PWID CPS Model Implementation. The following were conducted in Year 1 and will be continued in Year 2:

- FHI360 and PNGOC weekly meetings: To plan activities implementation and review accomplishments vis-à-vis targets, monitor outputs, identify operational issues and concerns and propose joint solutions.
- PNGOC monthly ROMP staff meetings: To review project and financial plans and accomplishments, including reporting requirements.
- FHI 360 quarterly visit to project sites: To monitor CPS implementation, mentor and coach and validate reports/accomplishments. The Regional AIDS-STI Coordinator based in DOH-CHD 7 will be actively engaged in monitoring project activities.
- HIV TWG monthly meetings (to be determined): Led by the DOH-CHD 7 for the Tri City, to promote coordination of activities with other projects (e.g. TFM, WHO and ADB)) and discuss project accomplishments, issues and concerns.

The first Tri City HIV TWG meeting was convened on September 18, 2013 in the DOH-CHD 7 conference room with Mr. Boel Espinas taking notes for Dir. Bernadas. Meeting participants included LGU staff and representatives from GFATM, ISEAN-Hivos Project, WHO and BCP of the Asian Development Bank (ADB). Mr. Espinas delivered the RAAT initiatives on behalf of DOH, DSWD and DILG. It was mentioned that the targets for Cebu City were not met during the first six months of GFATM-TFM implementation and despite the 54% HIV prevalence among PWID, only 16 are on ART as of July 2013. An assessment of bottlenecks in ART initiation and adherence among PWID will be conducted sometime in October 2013. Likewise, it was proposed that staff from the cities of Lapu-Lapu and Mandaue should also be included in the training of Cebu City health workers on TB-HIV. The regular conduct of the HIV TWG meeting has not yet been set but the next meeting was tentatively scheduled on October 21, 2013.

C.2.9. Accomplishment by Project Indicator

Based on the indicators and targets contained in the ROMP Project-approved PMP (dated December 21, 2013), the following are accomplishments for the PWID Component for Year 1:

Intermediate Result	Indicator	FY13 Target			FY13 Actual			Total Acc. %
		M	F	Tot	M	F	Tot	
Supply of HIV/AIDS Services Improved	Number of CPS model sites that meet basic service standards based on available national SOPs			1			1	100
	Number of individuals trained to provide technical assistance on CPS models for PWID	7	8	15	0	0	0	0
	Number of community health and para-social workers who successfully completed an in-service training	20	7	27	25	13	38	141
	Number of PWID-related support groups formed and operational			1			0	0
Demand for Essential HIV/AIDS Services Strengthened	Number of PWID reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	648	72	720	0	0	0	0
	Percentage of PWID who have adopted behaviours that reduce transmission of HIV the last time they injected drugs			40			No Data	
	Number PWID who received testing and counseling services for HIV and received their test results	324	36	360	0	0	0	0
	Percentage of HIV-positive patients referred for TB diagnosis			50			0	0
	Number of eligible adults and children provided with a minimum of one care service	648	72	720	0	0	0	0
	Number of advocacy sectoral meetings conducted			5			4	80

Three of the 10 MSM indicators have reported accomplishments in Year 1. These are:

1. Number of CPS model sites that meet basic service standards based on available national SOPs: The model in Cebu City includes interpersonal communication and counseling through peer outreach, HCT, STI diagnosis and treatment, condom promotion and availability, needle/syringe distribution, prevention of mother to child transmission, stigma reduction and referral.
2. Number of community health and para-social workers who successfully completed an in-service training: The trainings in Year 1 included Developing a Strategic Behavioral Communication Plan, Motiv8 Training for Facility-based PWID PEs, Community Recruitment Training for PDR, Health Service Providers Training on Stigma Reduction & Desensitization on Injecting Drug User, Remedial Training for PWID CMC and PE and Process Documentation.
3. Number of advocacy sectoral meetings conducted: Meetings were held local chief executives, with members of Cebu Plus, development partners (ADB, GFATM-TFM, ISEAN-Hivos and WHO) and male and female PWIDs.

Accomplishments for the other indicators are not reported because the anchor activity is either dropped or revised in the redesign of ROMP interventions, and/or actual service delivery (Phase III of ROMP Implementation) could only start in Year 2 given the project delays as discussed previously.

C.3. Other Activities/Accomplishments

FHI 360 participated in several activities in Year 1, In Q1, ROMP staff conducted initial courtesy visits to central and regional DOH partners, LGU city health officers, other development partners and NGOs to formally present ROMP, identify potential areas of collaboration and enjoin support.

FHI 360 had several meetings with NASPCP and NEC-DOH to get a better perspective of the HIV situation in the ROMP project sites, negotiate and level expectations, identify DOH support to the MSM and PWID CPS model development, shape project design and other matters. FHI 360 regularly participated in the DOH-led HIV TWG meeting. Likewise, ROMP met with PNAC to present the project design, secure comments on how activities aligned with the 5th AIDS Medium Term Plan (AMTP5) and discuss monitoring and evaluation support needed by PNAC for the implementation of the 2013 IHBSS. The most recent PNAC activity that FHI 360 participated in was the *City-Based Planning Workshop for HIV and AIDs for the 17 LGUs in NCR* held at the Cloud 9 Hotel, Antipolo City on September 20, 2013 during the presentation of individual LGU strategic plans.

Since there is an interface between WHO assistance, GFATM-TFM and the BCP of ADB project sites with ROMP, FHI 360 had several meetings and participated in their design workshops where implementation plans were discussed to avoid duplication of efforts, to identify potential areas of complementation, to coordinate planned activities implementation and to discuss other operational details.

On August 27, 2013, DOH-CHD 7 with the WHO-WPRO organized the *Stakeholders Meeting for HIV Interventions Among Key Populations Affected by HIV in Metro Cebu* at the Sarossa Hotel, Cebu City. The meeting aimed to coordinate responses, support related policies and ultimately lead to the control of HIV epidemic in the area. Local governments and NGO experts on HIV/AIDS among PWID as well as representatives from the national government and representatives from development organizations (GFATM, ADB, ISEAN-HIVOS and USAID) participated in the meeting. Dr. Zhao Pengfei

of WHO-WPRO emphasized that more than ever, this is the time for concerted effort for HIV prevention, treatment, care and support in Metro Cebu since the epidemic is making its way to the general population. The rest of the meeting was handled by Mr. Gary Reid, the WHO Harm Reduction consultant who had detailed presentations on basic HIV/AIDS and drug use, an overview on harm reduction and supply and demand reduction, and the role of the police in harm reduction. It was emphasized that harm reduction has been proven to be effective in preventing HIV transmission among PWID and that public health workers and the police can work together. The police can be the best friend - or the worst enemy - of harm reduction as seen in many countries.

With USG, FHI 360 participated in the following major meetings/events:

- All meetings called by the AOR
- Oct 19, 2012: Post award conference. FHI 360 country office staff along with FHI 360 APRO staff (who joined through teleconferencing facilities) met with USAID technical and contracting staff to review the grant agreement award documents. USAID provided an overview of the award and gave FHI 360 the opportunity to raise specific questions or clarifications which included, among others, preparation of workplan and PMP, budget, financial and technical reporting requirements, substantial involvement and branding.
- March 22, 2013: USAID/Philippines Office of Health Start-Up Workshop. The workshop aimed to share with USAID-OH cooperating agencies the USAID program directions and guidelines for compliance with USAID requirements.
- April 11, 2013: DOH-USAID Technical Coordination Meeting. 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 MSMs and PWIDs and the provision of appropriate services.
- May 2, 2013: USAID Orientation on Regulation 216. Otherwise known as Environmentally Sound Design and Management (of projects), the orientation provided 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.
- May 16, 2013: Launch of DOH-USAID Health Program and Technical Consultation Workshop. 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. 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.
- May 29-31, 2013: USAID Implementing Partner’s Meeting. 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.
- June 20, 2013: TraiNet Reporting System Training. TraiNet is USAID’s internet-based tool for reporting all USAID-funded training programs. Two ROMP Project staff were given accounts to

access and input training information in the TraiNet website and instructed to input the needed data since project start on October 1, 2012. Regular TraiNet reporting is every last day of the quarter. As of September 30, 2013, ROMP is up-to-date in its reporting.

- July 10, 2013: PRM Orientation Workshop on Gender Action Planning and Disability. Upon analysis of the ROMP Project, it was concluded that the project is gender-responsive. The gender action plan was submitted to USAID on July 23, 2013 and the status to date is in Annex 30. From plan submission, ROMP was able to accomplish five more activities.
- July 26, 2013: DOH-USAID Technical Coordination Meeting – USAID COPs Progress Report. USAID updated the DOH on the status of USAID-supported health projects implementation. Issues and responses pertaining to the ROMP Project are detailed in Annex 31.
- Others:
 - October 25, 2012: Attendance to the reception upon the invitation of U.S. Ambassador Harry Thomas onboard the USS George Washington
 - May 23, 2013: Participation in the BCC workshop of the U.S. Peace Corps. The U.S. Peace Corps volunteers had an HIV BCC workshop and as a final output, 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.
 - March 13, 2013. Meeting with Tom White (Deputy Director of RDMA Bangkok's Governance and Vulnerable Populations Office) which aimed to raise awareness on the new USG policy regarding the human rights of lesbians, gays, bisexuals and transgender (LGBT) people. FHI 360 provided background information on MSM and PWID as well as an overview of the ROMP strategy and activities and clarified any questions about the ROMP Project.
 - June 26, 2013: Attendance to the LGBTQ Pride Month Reception tendered by U.S. Ambassador Thomas honouring the LGBTQ Pride Month

With other USAID Cooperating Agencies, FHI 360 participated in the following major meetings/events:

- Inter-CA meetings on TB, M&E, Visayas Coordination meeting
- January 10-11, 2013: IMPACT Project Workshop to plan for the USAID-funded Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT) Project. PBSP gave an overview of the IMPACT Project; presented the synergies with DOH, other cooperating agencies and development partners; and described 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 AO 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.
- April 4, 2013. Meeting for the Launching of 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.

- June 17, 2013. USAID-DOH-CHD NCR Technical Consultation Meeting. Organized by the Luzon MNCHN/FP Project, the meeting provided a venue where program thrusts were identified and current efforts presented, the USAID health projects in the region 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 LGU in the region.

D. Challenges

Phase I (Inception) and Phase II (CPS model Strengthening) activities were initiated as planned. However, most of the activities (especially for the PWID component) were accomplished in the last quarter of Year 1 because of unanticipated delays due to the following:

- Change in implementation arrangements for the PWID component. USPF, the local NGO implementing partner in the Tri City for the PWID component withdrew and did not pursue the partnership arrangements with FHI 360. A market analysis was done to determine a suitable replacement (later identified as PNGOC). This change in implementation arrangements was submitted to USAID ROAA for approval.
- Refinement of ROMP strategy and activities also necessitated resubmission of ROMP project description and revision of budget by FHI 360 headquarters for USAID ROAA approval.
- Amendment of the PNGOC sub-agreement with FHI 360 to reflect new activities, deliverables and corresponding budget for both MSM and PWID components.

The implementation of new and revised ROMP activities were put on hold until USAID ROAA approval was secured (received in July 24, 2013) and the PNGOC sub-agreement with FHI360 was amended. However, so as not to further delay implementation of ROMP project activities in the interim, ROMP requested and also received USAID ROAA concurrence on June 13, 2013 for implementation of selected key preparatory activities.

Having received the modification of assistance from USAID ROAA and having drafted clearer AIP and PMP, no further delays are anticipated for Year 2 implementation period in this regard.

Additional challenges encountered in Year 1 are as follows:

- Identifying qualified local PWID consultants. Specifically, the ROMP Project needed 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 assistance of the CHANGE Project team in Q4 and continuing collaboration in Year 2 will respond to these need.
- Sustainability of incentives for peer-driven client recruitment. The QC Health Officer expressed concern that existing LGU financial mechanisms could not support direct provision/disbursement of incentives for the MSM CPS model. This concern could also hold true in the cities of Lapu-Lapu and Mandaue for the PWID component.

The ROMP Project will engage a local consultant to help identify funding mechanisms and corresponding costing guidelines for interventions, including peer recruitment and incentives, conduct of Motiv8 sessions by facility-based PEs, case management (Case Management Team and Case Management Coordinators), text messaging service, and the Service Delivery Network. The consultant is expected to lay out suggested sequential actions at the LGU level (across relevant units involved in budget preparation and submission, review and approval, release and implementation, including auditing) to help ensure that the budget proposal is compliant with existing national and local budgeting rules or regulations, follows the LGU budget cycle timeline and processes and is incorporated in the CIPH.