

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

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Executive Summary

The Philippine Department of Health (DOH) identified the need for new ways of broadly reaching MSM and PWID at highest risk, increasing effectiveness of peer education activities and addressing the loss of clients along the HIV services cascade. To help the DOH address these challenges in HIV programming, USAID provided assistance to develop and test comprehensive package of services (CPS) models for males who have sex with males (MSM) and people who inject drugs (PWID) that the national AIDS program could adopt and recommend to other local government units (LGUs) for implementation.

In Y1, the ROMP Project developed CPS model frameworks for MSM and PWID following the prevention and education, diagnosis, treatment and care and support continuum espoused by the DOH. To support CPS model implementation, FHI 360 developed training designs and modules for basic peer education and advanced motivational interviewing, stigma reduction and desensitization and process documentation, as well as operational guides for peer-driven recruitment (PDR) and terms of reference (TOR) for CPS model implementers. The project also formulated an integrated strategic behavioral communication (SBC) strategy and identified key messages for MSM and PWID that are integral to CPS model implementation. Sixty local government staff coming from four project sites were trained to: (1) supervise the implementation of PDR targeting highest-risk MSM and PWID through their sexual and social networks; (2) conduct facility-based motivational interviewing to encourage HIV counseling and testing (HCT), results notification, follow-up testing, and the use of prevention commodities; and (3) implement a case management approach for HIV-positive MSM and PWID to increase treatment initiation, retention and adherence. To ensure the supply of needed HIV testing kits and prevention commodities (condoms, lubricant, and needles and syringes), the project negotiated with the DOH to provide sufficient quantities of these commodities to the project sites.

With Phase I and II of the ROMP Project Framework completed and partner health facilities readied for implementation, the project shifted gears to Phase III (CPS Model Pilot Testing) in Q1 of Year 2. This quarter saw the operationalization of the project's innovations/key interventions:

- (1) *peer driven recruitment* using a “snowball” scheme and incentives to recruit highest-risk MSM and PWID to a health facility where they are received by (2) *facility-based peer educators* who have been trained on (3) *Motiv8*, a second-level (advanced) training for PEs to develop skills and techniques for harnessing a client's intrinsic motivations for behaviour change;
- (4) a *case management approach* whereby a Case Management Team tracks cohorts of enrolled clients for treatment, care and support outcomes and a Case Management Coordinator provides individual referral and follow-up; and the
- (5) *Service Delivery Network (SDN) for PLHIV* which serves as the platform for delivery of the comprehensive package of services by formally binding together various service delivery agencies, strengthen their referral process and coordination mechanisms, and ensuring smooth provision of needed services. The SDN for PLHIV in Quezon City was launched in December 12, 2013.

While numerous key innovations were launched as planned during this implementation period, ROMP also met unexpected challenges when the Visayan region was struck by natural calamities. PWID peer recruitment and facility-based activities were put on hold after the earthquake in Bohol and Cebu until the LGUs had fully assessed the integrity and safety of the health facilities (city health offices) where ROMP working spaces were located. This led to a disruption of clients' return visits for

their 2nd Motiv8 sessions. The widespread devastation brought by super typhoon Yolanda also prompted the DOH to suspend training programs, seminars, workshops, consultation meetings and other human resource-related activities so that DOH officials and employees could focus on disaster management services, which disrupted planned ROMP meetings in the Cebu tri-city area and delayed implementation. The long holiday season also slowed client recruitment, especially for the MSM component. The confluence of these events contributed to the project not meeting its service delivery targets for the 1st quarter of Y2.

The ROMP project intends to further strengthen implementation and expand coverage in the next quarter (Y2Q2) with more intensive monitoring, mentoring and coaching activities for site implementers, the operationalization of the text messaging service (TXTBro and TXTBai) including collaboration with the CHANGE project to enhance/expand communication activities, and the establishment of the SDN for PLHIV in the Cebu tri-city area, which will include an HIV+ PWID support group. ROMP will further continue to coordinate and leverage support from the GF-TFM project and Big Cities Initiative Project funded by ADB in the convergence cities (Cebu and Mandaue).

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List of Abbreviations

ADB	Asian Development Bank
AIP	Annual Implementation Plan
AO	Administrative Order
AOR	Agreement Officer's Representative
AMTP	AIDS Medium Term Plan
ART	Antiretroviral Treatment
BCP	Big Cities Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CHD	Center for Health Development
CIPH	Citywide Investment Plan for Health
CMC	Case Management Coordinator
CMT	Case Management Team
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
DQA	Data Quality Assessment
DSWD	Department of Social Welfare and Development
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
ICR	Individual Client Record
IR	Intermediate Result
HCT	HIV Counseling and Testing
LGU	Local Government Unit
MARP	Most at-risk Populations
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSM	Males having Sex With Males
NASPCP	National AIDS/STI Prevention and Control Program
NCR	National Capital Region
NGO	Non-Governmental Organization
NSP	Needle-Syringe Program
PBG	Performance-Based Grant
PDR	Peer Driven Recruitment
PIRS	Performance Indicator Reference Sheet
PITT	Performance Indicator Tracking Table
PLHIV	People Living with HIV
PMP	Performance Management Plan
PNAC	Philippine National AIDS Council

PNGOC	Philippine NGO Council on Population, Health and Welfare
PR	Peer Recruiter
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
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
TFM	Transitional Funding Mechanism
TG	Transgender
TOR	Terms of Reference
TXTBai	PWID Text Messaging Service
TXTBro	MSM Text Messaging Service
USAID	United States Agency for International Development
USG	United States Government
Y	Year

I. Situation

While the Philippines remains a low HIV prevalence country, new HIV infections doubled from 2001 to 2012. A concentrated epidemic is rapidly spreading among MSM and PWID in major cities. In Quezon City, National Capital Region (NCR), HIV prevalence among MSM increased to 6.6% in 2013 from around 1.5% in 2009. In Cebu City (Cebu Province), HIV prevalence among PWID rose to as high as 53% in 2013 from less than 1% in 2009. The government initiated HIV surveillance among PWIDs in Mandaue City in 2011. From an HIV prevalence of 3.6%, PWID HIV prevalence in 2013 is at 40%.

The Philippine Department of Health (DOH) identified the need for new ways of broadly reaching MSM and PWID at highest risk, increasing effectiveness of peer education activities and addressing the loss of clients along the HIV services cascade. To help the DOH address these challenges in HIV programming, USAID provided assistance to develop and test comprehensive package of services (CPS) models for MSM and PWID that the national AIDS program could adopt and recommend to other local government units (LGUs) for implementation.

This quarterly report prepared by Family Health International (FHI) 360 and its subawardee, the Philippine NGO Council on Population, Health and Welfare (PNGOC), covers Year 2 – Quarter 1 (Y2Q1) of the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project, in compliance to Cooperative Agreement No. AID-492-A-12-00008. This period also corresponds to Phase III (CPS Model Pilot Testing) of the ROMP Project Framework.

II. The Project and Objectives

The three-year ROMP Project aims to assist the Philippine Government in achieving its goal to maintain 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, the ROMP Project supports the achievement of the following:

- HIV prevalence in the general population maintained at < 1% in 2015
- HIV prevalence among MSM maintained at < 10% in 2015 in Quezon City, the United States Government (USG)-assisted site in NCR

- HIV prevalence among PWID maintained at < 58% in 2015 in the Tri City, the USG-assisted sites in Metro Cebu

The ROMP Project is developing CPS intervention models that 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 in Cebu Province. Specifically, ROMP will:

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

The ROMP Project strategy was previously modified to further strengthen and focus interventions in response to DOH and LGU needs. Upon USAID-Regional Acquisition and Assistance Office (ROAA) approval of the revised ROMP Project strategy and corresponding budget in July 2013, FHI 360 worked on the finalization of the Y2 Annual Implementation Plan (AIP) and Performance Management Plan (PMP). The Y2 AIP was submitted to Ms. Ma. Paz De Sagun, USAID Agreement Officer's Representative (AOR), on November 18, 2013 and concurrence was obtained on November 29, 2013 subject to more detailed discussion on the proposed mid-project assessment and sustainability plan of ROMP activities in project sites. These are currently being addressed by FHI 360.

With the refinement of the project's strategy to focus on CPS model development and pilot testing, previously submitted ROMP indicators and targets for outreach-based activities were modified to correspond to the refined project strategy focusing on facility-based activities. The updated PMP (with the Performance Indicator Tracking Table [PITT]) was submitted to Ms. De Sagun on November 20, 2013. This contains the revised Performance Indicator Reference Sheets (PIRS) and updated service delivery targets as discussed with Ms. De Sagun and Dr. Amador Catacutan, USAID-Office of Health Public Health Specialist, during the Data Quality Assessment (DQA) sessions conducted in October 2013.

III. Accomplishments

A. Y1 ROMP Project Major Accomplishments

In Y1, the ROMP Project developed CPS model frameworks for MSM and PWID that followed the prevention and education, diagnosis, treatment and care and support continuum espoused by the DOH. The diagrams depicting the CPS model frameworks and a detailed list of key products and major results for Y1 are in Annex A.

To support CPS model implementation, the ROMP project developed:

- training designs and modules for basic peer education and advanced motivational interviewing, stigma reduction and desensitization and process documentation;
- PDR operational guides for PDR;
- TOR for CPS model implementers ; and

- an integrated SBC strategy and key messages for MSM and PWID to tie together the different components of the CPS model.

The ROMP Project trained 60 local government staff from four project sites in a number of key areas during this reporting period. These included trainings to (1) supervise PDR implementation for MSM and PWID; (2) conduct facility-based Motiv8 sessions using motivational interviewing techniques to strengthen clients' intrinsic motivations receive regular HIV testing, know their test results, and use prevention commodities; and (3) implement a case management approach for HIV-positive MSM and PWID to increase treatment initiation, retention and adherence. At the request of the LGUs, ROMP included four MSM and two PWID site implementation officers (SIO) from the DOH-Global Fund Project in the training on motivational interviewing.

To ensure the supply of HIV testing kits and prevention commodities (condoms, lubricants, needles and syringes) the project negotiated with the DOH to provide sufficient quantities of these commodities to the project sites. For TB-HIV co-infection, the project provided 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*.

B. Y2Q1 Accomplishments by Indicator

Actual recruitment and enrollment of clients into the MSM and PWID interventions (service delivery) started in Y2Q1. Correspondingly, annual service delivery targets were recalculated, with Y1 targets carried over to Y2.

B.I.1. MSM Component

Based on the indicators and targets contained in the ROMP Project PMP (dated November 20, 2013), the following are accomplishments for the MSM Component for Y2Q1:

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
Goal: Family Health improved									
HIV 1: HIV prevalence in the general population maintained at < 1% in 2015)	0.036% (GARPR, 2012)	< 1%	< 1%					?	No estimation scheduled in Y2. Y1 (2013) estimates not yet released by DOH.
HIV 2: HIV prevalence among MSMs maintained at < 10% in 2015 in Quezon City	5.56% (IHBSS, 2011)	< 10%	< 10%					6.6% (as of 2013)	No IHBSS scheduled in Y2. Y1 IHBSS for MSM HIV prevalence in Quezon City is 6.6%
Purpose: Utilization of HIV/AIDS services by MSM increased									
P8.3.D: 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.	0 (2013)	1,000	650 (900)	18				18	Target of 250 for Y1 carried over to Y2 for a total target of 900.
P11.1.D: Number of MSM who received testing and counseling services for HIV and received their test results	0 (2013)	800	400 (600)	39				39	Target of 200 for Y1 carried over to Y2 for a total target of 600.
P9.4.N: Percentage of men reporting the use of a condom the last time they had sex with a male partner increased from 24% in FY 11 to 50% in	24% (IHBSS, 2011)	50%	No IHBSS (>= 40%)	14/18x100=77.8%				14/18x100=77.8%	Y1 (2013) estimates not yet released by DOH. Proxy data source would be ROMP's service delivery record wherein: the numerator is the number of MSM recruited through

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
FY 15									PDR who reported during their last clinic visit that a condom was used the last time they had anal sex with other males. The denominator is the number of respondents who reported having anal sex with a male partner within the specified time frame.
C2.4D: Percent of HIV+ MSM who were screened for TB in HIV care or treatment setting increased from 0% in FY 12 to 80% in FY 15	0 (2013)	80%	75%	0/3x100=0%				0/3x100=0%	Number of HIV (+) patients who were screened for TB in TB treatment centres divided by the number of newly detected HIV (+) in HIV testing facility multiplied by 100.
1.3.1 The supply of HIV/AIDS services improved									
HIV 5: Number of trained facility-based peer educators (FB-PE) and case management coordinators (CMC) in Klinika Bernardo capable to oversee peer driven recruitment and provide motivational intervention approaches, messaging service and referral to service delivery points for management	0 (2012)	3 FB-PE 1 CMC	3 FB-PE 1 CMC	0 FB-PE 0 CMC				0 FB-PE 0 CMC	The Klinika Bernardo FB-PEs and CMCs are capable to oversee PDR, conduct Motiv8 sessions and operationalize service delivery network (SDN) referral. Training on and operationalization of TXTBro (messaging service) was scheduled in Y2Q1. This was not completed because of delays in completing the TXTBro software.
HIV 7: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches and messaging service developed	0 (2012)	1 Framework and 1 Compendium	0					1 Framework and 0 Compendium	MSM CPS model framework completed in Y1. The operational guidelines compendium to be completed in Y3.
HIV 8: Number of FB-PEs and CMCs designated to implement CPS for MSM in Klinika Bernardo	0 (2012)	3 FB-PE 1 CMC	0					3 FB-PE 2 CMC	Target met in Y1.
HIV 10: Number of FB-PEs	0 (2012)	3 FB-PE	3 FB-PE	3 FB-PE				0 FB-PE	Training on and operationalization of

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
and CMCs implementing MSM interventions following MSM CPS operational guidelines		1 CMC	1 CMC	1 CMC				0 CMC	TXTBro (messaging service) not yet completed. This is a priority activity for Q2.
HIV 11: LGU procuring/receiving client-acceptable condoms and lubricants		1	1	1				1	Although some condom brands are not that acceptable to MSM, there are available stocks of acceptable condoms and lubricants in Klinika Bernardo.
HIV 12: Number of modules/guides developed for PDR, facility-based motivational approaches and messaging service	0 (2013)	3	0 (1)	0				2	Guide for TXTBro (messaging service) is not yet completed. This is a priority for completion in Q2.
H2.3.D: Number of health care workers who successfully completed an in-service training program within the reporting period (MSM and PWID PE, CMC and Klinika Bernardo staff)	0 (2012)	17 Male: 15 Female: 2	0					22 Male: 18 Female: 4	Target met in Y1.
HIV 13: Number of MSM FB-PEs, CMCs and Klinika Bernardo organic staff who received post-training/post-orientation mentoring and coaching	22 (2013)	17 Male: 15 Female: 2	17 Male: 15 Female: 2	8 Male: 7 Female: 1				8 Male: 7 Female: 1	.
1.3.2 The demand of essential HIV/AIDS services strengthened									
C1.1.D: Number of individuals provided with a minimum of one care service	0 (2012)	88	47 (69)	0				0	Target of 22 for Y1 carried over to Y2 for a total target of 69.
HIV 14: Number of MSM recruited through PDR	0 (2012)	1,000	650 (900)	39				39	Target of 250 for Y1 carried over to Y2 for a total target of 900.
HIV 15: Number of MSM reached through facility-	0 (2013)	1,000	650 (900)	39				39	Target of 250 for Y1 carried over to Y2 for a total target of 900.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
based motivational intervention approaches and/or messaging service with appropriate messages									
1.3.3 HIV/AIDS program policies and systems improved									
HIV 16: AO by the DOH to local governments endorsing adoption of CPS models for MSM drafted	0 (2012)	1	0					0	Indicator target to be completed in Y3.
HIV 17: Quezon City government policy issuances with budget allocation for CPS model implementation issued.	0 (2012)	1	1	0					Indicator target to be completed in Y2Q2.
HIV 18: Number of MSM HIV+ clients referred and managed for, pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions and non-health concerns (such as referral to support groups, other psychosocial concerns and others)	0 (2012)	44	23 (34)	0				0	Target of 11 for Y1 carried over to Y2 for a total target of 34.
HIV 19: CPS model for MSM integrated in the citywide investment plans for health (CIPH)	0 (2012)	1	0					0	Indicator target to be completed in Y3

B.I.2. PWID Component

Based on the indicators and targets contained in the ROMP Project PMP (dated November 20, 2013), the following are accomplishments for the PWID Component for Y2Q1:

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
Goal: Family Health improved									
HIV 1: HIV prevalence in the general population maintained at < 1% in 2015)	0.036% (GARPR, 2012)	< 1%	< 1%					?	No estimation scheduled in Y2. Y1 (2013) estimates not yet released by DOH.
HIV 3: HIV prevalence among PWIDs maintained at < 58% in 2015 in the Tri City	Cebu=53.8%; Mandaue=3.6% (IHBSS, 2011)	< 58%	< 58%					52% and 40% in Cebu and Mandaue, respectively (as of 2013)	No IHBSS scheduled in Y2. Y1 IHBSS for PWID HIV prevalence in Cebu and Mandaue is 52 (male) and 40%, respectively.
Purpose: Utilization of HIV/AIDS services by PWID increased									
P8.3.D: 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.	0 (2013)	1,440	880 (1,240)	29 Male: 29 Female: 0				29 Male: 29 Female: 0	Target of 360 for Y1 carried over to Y2 for a total target of 1,240.
P11.1.D: Number of PWID who received testing and counseling services for HIV and received their test results	0 (2013)	1,152	664 (952)	29 Male: 29 Female: 0				29 Male: 29 Female: 0	Target of 288 for Y1 carried over to Y2 for a total target of 952.
HIV 4: Percentage of PWID who did not share needles during last injection increased from 25% in FY 11 to 40% in FY 15	25% (IHBSS, 2011)	40%	40%	28/29x100= 96.55%				28/29x 100= 96.55%	This is the number of PWID who did not share needles during last injection with other PWIDs, did not use service needles in shooting galleries and did not use negligently disposed needles.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
									The denominator is the number of PWIDs in the sample.
C2.4D: Percent of HIV+ PWID who were screened for TB in HIV care or treatment setting increased from 0% in FY 12 to 80% in FY 15	0 (2013)	80%	75%	1/6x100= 16.7%				1/6x100= 16.7%	Number of HIV (+) patients who were screened for TB in TB treatment centres divided by the number of newly detected HIV (+) in HIV testing facility multiplied by 100.
1.3.1 The supply of HIV/AIDS services improved									
HIV 6: Number of trained FB-PEs and CMCs in the Tri City social hygiene clinics (SHC) capable to oversee PDR, provide motivational intervention approaches, messaging service, referral to service delivery points for management and facilitate HIV+ support group sessions.	0 (2012)	9 FB-PE Male: 6 Female: 3 3 CMC Male: 3	9 FB-PE Male: 6 Female: 3 3 CMC Male: 3	0 FB-PE 0 CMC				0 FB-PE 0 CMC	The Tri City SHCs FB-PEs and CMCs are capable to oversee PDR and conduct Motiv8 sessions. The SDN referral system has not been formalized and the guide has not been developed. Training on and operationalization of TXTBai (messaging service) and the operationalization of the HIV-positive support group were scheduled in Y2Q1. These will be moved to Y2Q2.
HIV 7: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches, messaging service and HIV+ PWID support group developed	0 (2012)	1 Framework and 1 Compendium	0					1 Framework and 0 Compendium	PWID CPS model framework completed in Y1. The operational guidelines compendium to be completed in Y3.
HIV 9: Number of FB-PEs and CMCs designated to implement CPS for PWID in Cebu, Mandaue and Lapu-Lapu SHCs	0 (2012)	9 FB-PE Male: 6 Female: 3 3 CMC Male: 3	0					9 FB-PE Male: 9 3 CMC Male: 2 Female: 1	Target met in Y1. ROMP was unable to recruit female PWID to be FB-PE.
HIV 10: Number of FB-PEs and CMCs implementing PWID interventions following PWID CPS operational guidelines	0 (2012)	9 FB-PE Male: 6 Female: 3 3 CMC Male: 3	9 FB-PE Male: 6 Female: 3 3 CMC Male: 3	0 FB-PE 0 CMC				0 FB-PE 0 CMC	Training on and operationalization of TXTBai (messaging service), SDN referral and HIV-positive support group not yet completed. These are priority activities for Q2.
HIV 11: Number of LGUs with		3	1 (Cebu	1				1	Cebu City receives PWID-acceptable

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
ROMP-supported health facilities procuring/receiving client-acceptable HIV prevention commodities (syringe/needles and condoms and lubricants)			City)						brands of condoms, lubricants, needles and syringes. 2015: Lapu-Lapu and Mandaue
HIV 12: Number of modules/guides developed for PDR, facility-based motivational approaches, messaging service and HIV+ PWID support group	0 (2013)	4	0 (2)	0				2	Guide for TXTBai (messaging service) is not yet completed. This is a priority for completion in Q2.
H2.3.D: Number of health care workers who successfully completed an in-service training program within the reporting period (PWID PE, CMC and SHC -based health workers in Lapu-Lapu and Mandaue)	0 (2012)	23 Male: 9 Female: 14	0					38 Male: 19 Female: 19	Target met in Y1.
HIV 13: Number of PWID FB-PEs, CMCs/support group facilitator and Tri City SHC organic staff who received post-training/post-orientation mentoring and coaching	38 (2013)	23 Male: 9 Female: 14	23 Male: 9 Female: 14	17 Male: 11 Female: 6				17 Male: 11 Female: 6	
1.3.2 The demand of essential HIV/AIDS services strengthened									
C1.1.D: Number of individuals provided with a minimum of one care service	0 (2012)	662	396 (561)	6 Male: 6 Female: 0				6 Male: 6 Female: 0	Target of 165 for Y1 carried over to Y2 for a total target of 561.
HIV 14: Number of PWID recruited through PDR	0 (2012)	720	440 (620)	55 Male: 55 Female: 0				65 Male: 55 Female: 0	Target of 180 for Y1 carried over to Y2 for a total target of 620.
HIV 15: Number of PWID reached through facility-	0 (2013)	1,440	880 (1,240)	29 Male: 29				29 Male: 29	Target of 360 for Y1 carried over to Y2 for a total target of 1,240.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Target for the Year	Year 2 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
based motivational intervention approaches and/or messaging service with appropriate messages and/or PWID HIV+ support group sessions				Female: 0				Female: 0	
1.3.3 HIV/AIDS program policies and systems improved									
HIV 16: AO by the DOH to local governments endorsing adoption of CPS models for PWID drafted	0 (2012)	1	0					0	Indicator target to be completed in Y3
HIV 17: Cebu Tri City policy issuances with budget allocation for PWID CPS model implementation issued.	0 (2012)	3	1 (Cebu City)	0				0	Q2: Cebu City 2015: Lapu-Lapu and Mandaue
HIV 18: Number of PWID HIV+ clients referred and managed for, pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions, drug rehabilitation and non-health concerns (such as referral to support groups, other psychosocial concerns and others)	0 (2012)	331	198 (281)	6 Male: 6 Female: 0				6 Male: 6 Female: 0	Target of 83 for Y1 carried over to Y2 for a total target of 281.
HIV 19: CPS model for PWID integrated in the CIPH	0 (2012)	3	0					0	Indicator target to be completed in Y3

IV. Reasons for Variances in the Performance

The refinement and re-approval of the ROMP Project strategy, action plan and budget delayed project implementation for more than three months in Y1. The project only began recruiting and enrolling MSM and PWID clients in Y2; correspondingly, annual service delivery targets were recalculated, with Y1 targets carried over and added to the Y2 targets.

ROMP began operationalizing many of the key interventions under the project plan in this quarter; however, project staff faced unexpected implementation challenges resulting from natural disasters in the Visayan region. After the earthquake in Bohol and Cebu, peer recruitment and facility-based activities were put on hold while LGUs assessed the integrity and safety of health facilities (city health offices) where the ROMP working spaces are located. This disrupted client return visits for planned follow-up Motiv8 sessions. The widespread devastation brought by super typhoon Yolanda prompted the DOH to issue Department Memorandum No. 2013-039 which called for the suspension of training programs, seminars, workshops, consultation meetings and other human resource-related activities so that DOH officials and employees could render disaster management services. DOH-CHD7 therefore was not able to hold ROMP meetings for the Cebu tri-city which delayed implementation.

The long holiday season also slowed down client recruitment, especially for the MSM component. The confluence of these events contributed to the project not meeting its service delivery targets for the quarter for the following project indicators:

- P8.3.D: Number of MSM and PWID reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.
- P11.1.D: Number of MSM and PWID who received testing and counseling services for HIV and received their test results.
- C2.4D: Percent of HIV+ MSM and PWID who were screened for TB in HIV care or treatment setting increased from 0% in FY 12 to 80% in FY 15
- C1.1D: Number of individuals provided with a minimum of one care service
- HIV 14: Number of MSM and PWID recruited through PDR
- HIV 15: Number of MSM and PWID reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages and/or PWID HIV+ support group sessions
- HIV 18: Number of MSM and PWID HIV+ clients referred and managed for, pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions and non-health concerns (such as referral to support groups, other psychosocial concerns and others)

The ROMP Project specifically acknowledges that recruitment of MARPs under the PDR model has not proceeded as quickly as originally envisioned. In fact, while recruitment has underperformed in terms of absolute numbers, the model itself has functioned within expected limits based upon similar project experience in other settings, to wit:

- Two out of five original seeds yielded additional, successfully tested, contacts, in comparison to other social network-based projects where as many as 40-50% of initial seeds are non-generative. It is therefore not expected that all seeds will yield further contacts; however, there is room under ROMP to improve performance in this regard, as will be described below.

- Recruitment via PDR leads to relatively higher rates of HIV counseling and testing –in this case, 100% of those recruited were tested and received their test result, as compared to an international average of roughly 50% (or less) recruited through peer education who are successfully referred to services.
- Targeted peer-driven recruitment tends to result in a higher-risk sample. In Q1, roughly 7% of those recruited through the PDR were found to be HIV positive, as compared to 4% of all individuals recruited and tested through the Global Fund MSM peer outreach program in 2012. While admittedly based upon very limited data, it is also worth noting that based on Klinika Bernardo data, average CD4 count upon HIV diagnosis for PLHIV recruited under ROMP was 458.5 mm³, compared with an average initial CD4 count of 221 mm³ for all active ART clients at Klinika Bernardo. We will continue to monitor this since it is important to capture high percentages of people who are HIV positive and for them to be tested early in the course of their HIV infection.

FHI 360 continues to be supportive of the model as a valuable supplement to traditional PE when implemented with fidelity. FHI 360 staff from the country office and APRO have reviewed implementation in Q1, which has included meeting with staff of Klinika Bernardo, peer educators and Case Management Coordinators, and have interviewed non-generative seeds to determine barriers to successful recruitment. Through this process, staff have identified several key weaknesses in implementation, and have planned measures to rectify these weaknesses in Q2:

- 1) The number of initial seeds will be increased from 5 to 20 (in line with project experience in other settings) so that even if 50% of seeds are non-generative, recruitment will continue. As recruitment will be carried out on a rolling basis, the number of planned initial seeds may be adjusted based on slower or faster than expected recruitment of subsequent waves. As other social networking projects have shown significant in-group homophily where seeds are recruited through a project's existing peer education network, FHI 360 and local partners will additionally recruit seeds from a wider range of networks, both by engaging Global Fund peer educators and community contacts who are not connected to existing peer education programs.
- 2) Seeds will be recruited according to strict eligibility guidelines, as outlined in the initial ROMP implementation guide. Most notably, to be eligible a seed must report having a social network size of at least 3 MSM who he knows, who also know him, and whom he can contact easily. Clinic staff will additionally cease filtering out otherwise eligible seeds who report consistent condom use – this criterion is not part of agreed-upon eligibility criteria and is subject to significant social desirability bias.
- 3) In order to provide the widest possible opportunity for motivated individuals to participate in the PDR and earn an incentive, coupon eligibility will revert to the originally recommended guidelines, becoming active two days after recruitment and remaining active for one month.

Recruitment will be actively monitored by the Case Management Coordinators, and seeds/recruiters who accept coupons but do not successfully refer to services within two weeks will be followed up by telephone and offered additional encouragement and assistance in recruiting their peers, in line with US CDC guidelines on implementing social network testing. Any recruitment line that fails to reach two waves within four weeks will be

considered dead, and if at any point the number of generative seeds falls below 50%, the project will seek replacement seeds to maintain an adequate level of recruitment.

- 4) FHI 360 will provide additional coaching to CMCs in order to adequately explain the recruitment process to seeds and subsequent waves, including encouraging them to make likely referrals – i.e. selecting individuals who live in or near Quezon City and who do not work during Klinika Bernardo operating hours. A “script” for explaining recruitment exists in the implementation manual, and will be modified to reflect difficulties faced by seeds.

FHI 360 additionally proposes modification to the PDR data collection instrument and protocol: the addition of a question on prior contact with peer educators to assess the degree to which PDR is accessing unserved or under-served populations, and a change in protocol to ensure that questions regarding network size, condom use and peer education are asked to ALL recruited clients, and not only those who complete a follow-up counseling session. This is necessary to assess characteristics of all clients recruited through PDR, and to examine potential differences between clients who complete two counseling sessions and those who drop out.

Gender representation in the Cebu project site is a separate area of concern. ROMP Project targets are disaggregated by gender, whenever feasible. It is estimated that 5-10% of the PWID population are females (the majority of whom are sex workers). As part of ROMP’s Gender Action Plan, engagement of female PWID PRs 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 met difficulties in convincing them to become PR. Female PWIDs were willing to participate in ROMP interventions but would not want their identities divulged because of the greater stigma attached to female PWIDs in contrast to their male counterpart, more so if they are also into sex work. Initial PWID PR in the cities of Mandaue and Lapu Lapu were all males; however, in Q2 FHI 360 will work with male PWID and service providers to identify eligible female PWID seeds, and will stress to these seeds that participating in the PDR does not entail any additional disclosure of identity or behavior, as seeds only recruit individuals whom they know and who already know them. Male PRs will also continue to be encouraged to recruit female PWIDs who are part of their social and sexual networks so that succeeding waves of PRs will include female PWIDs.

As will be discussed in Section VI, all uncompleted Q1 targets will be prioritized for completion in Q2.

V. Major Implementation Issues

For the MSM component, the major implementation issues includes the following:

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
1. Management Concerns	a. Existing work space provided for ROMP not conducive to conducting Motiv8 sessions and other activities	Installed dividers to create cubicles for PEs’ use, ensuring visual privacy during Motiv8 sessions Assisted the QCHD in identifying and prioritizing needs of Klinika Bernardo submitted for support under the P 5 Million	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		funding allocated to the clinic in 2013	
	b. MSM patient database and TXTBro SMS Gateway System not yet completed	Database and messaging service software development fast-tracked. Meetings with software developer (MyClick), CHO, KB, PNGOC and FHI 360 conducted. Developer given a deadline of January 2014 to complete work.	
	c. SBC implementation plan not yet completed		Follow-up conduct of joint activity with CHANGE Project to review key MSM messages for specifically segmented audiences and to identify activities and additional touch points for communication activities after they receive USAID approval for their HIV proposal.
2. Technical Concerns	<p>a. Identification of additional primary peer recruiters (seeds).</p> <p>Initial peer recruiters (2 gay – identified and 1 HIV+ MSM) were not able to send recruits to Klinika Bernardo. These recruitment lines did not prosper and/or died out early.</p> <p>Finding new peer recruiters (seeds) among MSMs at highest risk is not easy as facility-based PEs are not in direct contact with MSM in physical cruising sites or locations.</p>	<p>Assistance of the LGU and GF-TFM outreach PEs and other community members solicited in identifying potential peer recruiters for ROMP.</p> <p>LGU and GF-TFM peer educators and SIOs oriented on criteria for selection of PRs.</p> <p>Substantial number of new seeds (primary recruiters) will be planted.</p> <p>Active follow-up with non-generative seeds to offer additional encouragement and assistance</p>	<p>ROMP will review data on unsuccessful seeds (primary recruiters) to determine possible reasons which could also guide further guide their selection and recruitment orientation by CMCs. Specific protocol put in place for early identification and potentially replacement of non-generative seeds and</p>
	b. Use of Motiv8 skills and techniques by PEs during the conduct of Motiv8 sessions needs to be further enhanced or	ROMP-PNGOC staff conducted initial monitoring, mentoring and coaching activities.	Conduct of MSM Motiv8 refresher training planned in March 2014 to include tool to aid in

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	strengthened. Client plans prepared in the Motiv8 sessions are not properly elucidated or prepared.	Regular monitoring, mentoring and coaching activities scheduled for KB. Format developed for use of PEs to assist them in documenting client plans developed in the Motiv8 sessions.	monitoring/ strengthening PEs using the model
	c. KB-Individual Client Record (ICR) forms not completely/ properly filled-out.	FB-PEs and CMCs mentored on filling-out the KB ICR.	
3. Others	a. Funding for conduct of baseline laboratory and monitoring tests for HIV+ clients (e.g. CD4, CXR) Initial CD4 testing is provided free for MSM clients at RITM. Repeat CD4 testing (for pre-ART clients) however is already charged. CXR and other blood chemistry tests are also not free. Some MSM clients do not have the capacity to pay for these tests.	CHO already included a CD4 machine in its procurement plan for Klinika Benardo and is expected to be operational in 2014.	ROMP will explore and leverage additional support from GF-TFM for other needed laboratory examinations. ROMP will coordinate meetings between PhilHealth and DOH-NASPCP to ensure accreditation requirements are met so that eligible KB clients can claim PhilHealth benefit package for HIV services.

For the PWID component, the following are the major implementation issues:

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
1. Management Concerns	a. Assigned ROMP work areas not conducive to Motiv8 sessions. ROMP room in Mandaue City is very warm and uncomfortable for both clients and staff. ROMP room are not available every Friday in Lapu-Lapu City.	Recommended the installation of dividers to promote visual privacy among clients during Motiv8 sessions. PWID budget realigned to support needed minor refurbishment (installation of dividers and ventilation)	Negotiate with the Lapu-lapu CHO to provide an exclusive room for PWID interventions.
	b. Mandaue CHO has not	Clients are accompanied	Joint advocacy (by

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<p>agreed to needle/syringe distribution.</p> <p>Free needles and syringes distributed weekly serve as incentives for PWID to return to the facility after the 2nd Motiv8 session (ROMP incentives only cover this stage) and therefore provide the opportunity for continuing contact and provision of other needed services for PWID clients.</p>	<p>by CMC to Cebu City SHC to access free supply of needles and syringes.</p> <p>However, clients still complain that travel is a hassle and entails additional expenses (and they may no longer return to Mandaue SHC and just go directly to Cebu SHC for get resupply of needles and syringes).</p>	<p>ROMP, GF-TFM) to the CHO will be conducted to secure CHO concurrence for needles and syringe distribution.</p>
	<p>c. Turn-over of PWID FB-PEs (either resigned or terminated)</p>	<p>More stringent selection of replacement PEs</p> <p>Mentoring and coaching conducted for new PEs</p>	<p>Refresher PWID PE Motiv8 training scheduled in February 2014.</p>
	<p>d. PWID information database and TXTBai SMS Gateway System service not yet developed.</p>	<p>MyClick already asked to start developing software for client database and TXTBai, adapting what has been developed for TXTBro.</p> <p>Cellphone ownership validated with PWID to determine if text messaging service is feasible. Almost one third enrolled PWID clients were noted to own cellphones.</p>	<p>Travel of software developer to Cebu will be scheduled to validate/field test and refine the software.</p>
	<p>e. SBC implementation plan not yet completed</p>		<p>Follow-up conduct of joint activity with CHANGE Project to field test messages/ message house previously developed and finalize activities and additional touch points for communication activities after they receive formal USAID approval for their HIV proposal.</p>

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
2. Security Concerns	a. Needles and syringes stolen from the Cebu City SHC.	<p>ROMP requested that needles and syringes allocated for ROMP clients be distributed by CMCs in the ROMP working area in lieu of the GF-TFM staff.</p> <p>Safekeeping and distribution procedures developed and responsible/accountable person/s identified.</p>	
3. Technical Concerns	<p>a. Collaboration and synergies of ROMP, GF-TFM Big Cities Project in Cebu City and Mandaue City</p> <p>GF-TFM planned to start outreach PWID intervention in Mandaue City (similar activities already implemented in Cebu) starting in 2014.</p> <p>Will ROMP project design in Mandaue City be modified to forego PDR similar to what is ongoing in Cebu City?</p>	<p>Coordination meetings with TFM done</p> <p>HIV TWG Meeting convened by DOH-CHD 7 as forum for coordination, collaboration and complementation.</p> <p>ROMP participated in the strategic planning activities of BCP.</p>	<p>HIV TWG meeting for the Cebu tri-city set to meet on January 29, 2014 to discuss ROMP Project interface in Mandaue City.</p> <p>ROMP peer recruitment in Mandaue City needs to be reviewed and discussed in the HIV TWG meeting if still feasible in the context of GF-TFM outreach activities.</p>
	<p>b. Use of Motiv8 skills and techniques by PEs during the conduct of Motiv8 sessions needs to be further enhanced or strengthened.</p> <p>Client plans prepared in the Motiv8 sessions are not properly elucidated or prepared</p>	<p>ROMP-PNGOC staff conducted initial monitoring, mentoring and coaching activities.</p> <p>Regular monitoring, mentoring and coaching activities scheduled for SHCs.</p> <p>Format developed for use of PEs to assist them in documenting client plans developed in the Motiv8 sessions.</p>	<p>Refresher PWID PE Motiv8 training scheduled in February 2014 to include tool to aid in monitoring/strengthening PEs using the model</p>
	c. SHC-ICR forms not completely/ properly filled-out.	FB-PEs and CMCs mentored on filling-out the SHC ICR.	
	d. Difficulty in engaging female PWID PE and PRs	Male PR asked to recruit female PWID from their social and sexual networks	

A major project concern, particularly for the PWID component is sustaining availability of needles and syringes for the needle-syringe program (NSP). The following are the salient points re: ensuring availability of needles and syringes, as taken from meetings conducted with Dr. Gerard Belimac of the National AIDS/STI Prevention and Control Program (NASPCP)-DOH on October 30 and November 14, 2013:

- NSP is currently being implemented by DOH with support from Global Fund to Fight AIDS, Tuberculosis and Malaria-Transitional Funding Mechanism (GFATM-TFM). Needles and syringes are distributed to PWID clients in the Cebu City SHC, with assistance from their NGO partner, Cebu Plus. The ROMP project has already negotiated arrangements with DOH-NASPCP/GFATM-TFM to allocate needles and syringes for distribution by FB- PEs in Cebu, Mandaue and Lapu Lapu City.
- The mid-term review of the 5th AMTP (October 2013) recommended that the Philippine National AIDS Council (PNAC) and DOH should prepare a national HIV prevention policy to include promotion/provision of commodities such as condoms and needles. Moreover, the evaluation reiterated the need for inclusion of NSP as a core element of the HIV prevention package for PWID.
- NASPCP recognizes the need and urgency for implementing needle and syringe distribution as part of the CPS for PWID in the Tri City. As such, the national program is committed to ensuring the continued availability of needles and syringes to support behavioral change interventions on non-sharing of injecting equipment, and to prevent the collapse of these services beyond existing external support.
- Responsibility for sustaining availability of needles and syringes rests on the:
 1. LGUs: The HIV epidemic among PWID is local, and the LGUs bear the primary responsibility for mounting appropriate responses. However, asking the LGUs to procure needles and syringes at this time would meet resistance/disapproval given limitations/prohibitions from existing national laws. The operations research in Barangay Kamagayan (funded with ADB/WB assistance) is expected to provide evidence to support advocacy for LGUs to support implementation of NSP. However, results from this research will not be available until 2015.
 2. NASPCP-DOH: The national program has overall leadership in the health sector to respond to emerging drivers of the epidemic (MSM and PWID) in the country. Specifically for PWID, NASPCP procures syringes and needles as part of GFATM-TFM support. Procurement of these commodities will be continued in the next round of GFATM funding (New Funding Model).
- NASPCP procured needles and syringes in the past using government funds. However, to promote efficiency and long-term sustainability, DOH feels that procurement needs to be decentralized to the LGUs.
- Given the recommendations of the mid-term review of the 5th AMTP, the NASPCP is planning the implementation of performance-based grants (PBG) for priority LGUs. Under this scheme, DOH will make funding available to priority cities to implement activities with mutually agreed upon, measurable outcomes (e.g. NSP). LGUs could now use the money to fund procurement of needles and syringes. DOH is committed to continue co-financing implementation of key HIV interventions (including that for PWIDs) in identified cities by continuing sub-allotments under the PBG scheme.

- For 2014, NASPCP earmarked Php 15 M for NCR and 1 M (could be more) for the Cebu-tri-city area. Funding for the HIV PBG could be through a Memorandum of Agreement (MOA) with the LGUs. NASPCP, however, needs technical assistance in developing and operationalizing the PBG scheme, including guidelines for LGUs on how to access the available funds.
- ROMP will provide technical assistance to the Cebu Tri City and NASPCP in developing PBG agreements which will include specific provisions on NSP implementation. Moreover, ROMP will broker additional technical assistance from the HPDP2 for the overall development of the HIV PBG scheme.

VI. Milestone, Key Tasks, and Activities

Following the revised program description¹, the ROMP Project started implementation of Phase III, pilot-testing of CPS model frameworks for MSM and PWID. Clients are now being recruited and enrolled into various interventions/services. Service delivery accomplishments and concerns are discussed in detail under Sections IV and V.

A. Highlights of the Activities in Y2Q1 and Planned Activities in Y2Q2

Annexes B and C contain the Y2 activity matrices for the ROMP Project. For the **MSM component**, Y2Q1 activities that had been initiated or completed are:

Prevention and Education: Most of the capacity-building activities were completed in Y1.

1. Post-Training Mentoring and Coaching of MSM FB-PEs and CMCs: Planned as a monthly activity, because of numerous scheduling conflicts only one session was conducted in Q1. The session was held on October 1, 2013 in Klinika Bernardo where staff physician Dr. John Leonel Ruiz discussed antiretroviral treatment (ART), including the process of treatment initiation, dealing with treatment side effects, staying healthy on ART and getting support for living with HIV. These topics were selected because the FB-PEs and CMCs expressed the need to know more of these topics so they could discuss or respond to client questions during Motiv8 sessions.

In Q2, mentoring and coaching activities will be continued.

Diagnosis of HIV, STI and TB:

1. Establishment of MSM SDN: All activities are completed. The SDN operational guidelines are included in Annex D and the Memorandum of Understanding between the Quezon City government and the SDN member agencies is in Annex E.

The following activities will be conducted in Q2:

- a. Training on male sexual and reproductive health and post-training mentoring and coaching for Klinika Bernardo staff
- b. Donors' meeting to mobilize resources for Klinika Bernardo Strategic Plan

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

Case Management

1. Establish case management team (CMT) for HIV-positive MSM: ROMP has developed the TOR of the CMT and the detailed scope of work of the CMC, who will be tasked to identify cases for review during the team meetings and follow through on implementation of CMT recommendations. (Annex F). The initial CMT meeting was held on October 10, 2013.

For the CMT, the training of CMC on MSM case management and the follow-through mentoring and coaching of CMC will begin in Q2 together with:

- a. Development of Klinika Bernardo as “satellite” ART Clinic: initiated and still ongoing.
- b. Development of an SMS-based SBC messaging service (TXTBro)

Strengthening BCC Programming

In Q2, ROMP will hold a planning and coordination meeting with the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project to discuss implementation of the previously completed MSM SBC Plan.

Strengthening Advocacy for Program Support:

1. Advocacy and mobilization activities for World AIDS Day: Quezon City cancelled planned 2013 World AIDS Day activities to support relief efforts for victims of natural disasters in Visayas. It was decided that the SDN launch would be the city’s observance of World AIDS Day. The ROMP Project provided technical assistance to the DOH and the Quezon City government to establish/organize the SDN and to localize the SDN operational guide for PLHIV previously developed by DSWD and endorsed by PNAC.

The following activities will be conducted in Q2:

- a. Advocacy meetings for the designation of a local social worker as an SDN case manager
- b. Exploratory /advocacy meetings with relevant Quezon City officials to identify mechanisms for funding PDR
- c. Conduct of meetings with Quezon City officials for the inclusion of CPS activities in the CIPH

Based on the list of ROMP Project MSM component milestones for Y2 (contained in ROMP PMP), the following had been completed:

- Operational guide for CMT and SDN operations completed
- MOU among SDN member agencies signed

The following milestones will be completed in Q2:

- Male sexual and reproductive health training design for Klinika Bernardo staff developed
- Operational guide for TXTBro completed
- SBC Implementation Plan for MSM developed

For the PWID component, Y2Q1 activities that should have been initiated or completed include the following:

Prevention and Education: Most of the capacity-building activities were completed in Y1.

1. Post-Training Mentoring and Coaching of PWID FB-PEs and CMCs: ROMP conducted field visits to project sites (SHC) in the Tri City from October 2-4, 2013 to observe and follow-up on the implementation of PWID interventions with the start of peer recruitment operations. Project staff provided mentoring and suggestions to the PWID team to address privacy concerns during client counseling, and to strengthen use of Motiv8 skills and techniques, including proper completion of ICR and Client Plan forms.

In Q2, mentoring and coaching activities will be continued.

Diagnosis of HIV, STI and TB: Project staff worked with the Tri-City Health offices to designate work spaces to implement facility-based ROMP interventions, particularly Motiv8 sessions.

In Q2, ROMP will focus on activities that will establish the PWID SDN.

Case Management: The ROMP project will pilot test the case management approach through the establishment of the CMT supported by the CMC. ROMP staff drafted a TOR for the CMT and CMC in consultation with the LGUs and DOH (Annex G).

For the CMT, the training of CMC on PWID case management and the follow-through mentoring and coaching of CMC will begin in Q2 together with the development of an SMS-based SBC messaging service (TXTBai).

Care and Support: ROMP will work with local partners in Q2 to create a support group for HIV-positive PWID. This will include the engagement of a consultant to develop operational guidelines and provide orientation and mentoring for CMCs to be support group facilitators, as well as the launching of support group meetings.

Strengthening BCC Programming: Representatives from the CHANGE Project joined a ROMP workshop where 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 strategy and the touchpoints where these messages will be delivered. Because of the characteristics of the PWID (primary audience), the touchpoints will mainly be non-traditional interpersonal communication and counseling.

In Q2, ROMP will hold a planning and coordination meeting with the CHANGE Project, and will begin to implement activities under the PWID SBC Plan. The Change Project will be responsible for other identified message delivery touchpoints outside the scope of ROMP project activities. It was agreed that the CHANGE Project will come up with a creative brief that will guide message development and this will again be vetted to DOH and the ROMP Project for approval.

Managing Transition and Promoting Sustainability of Interventions: From Y1 until Q1 of Y2, ROMP held several advocacy meetings targeting local chief executives, barangay officials, local AIDS councils and other stakeholders to secure support for implementation of ROMP interventions. Meetings with NASPCP-DOH and HPDP2 explored the feasibility of PBG for LGUs implementing HIV/AIDS interventions such as NSP.

ROMP will continue to support development of the PBG mechanism in Q2 and the following activities will be initiated:

- a. Technical assistance to prepare the Tri City LGUs' transition and sustainability plans. This is required to complete the PWID CPS operational guide
- b. Consultation meetings to draft policy issuances adopting ROMP's PWID CPS model
- c. Exploratory/advocacy meetings with relevant Tri City officials to identify mechanisms for funding PDR and employing FB-PEs and CMCs

- d. Meetings with Tri City LGU officials for the inclusion of CPS activities in the CIPH

Based on the list of ROMP Project PWID component milestones for Y2 (contained in ROMP PMP), the following have been completed:

- Operational guide for CMT operations completed

The following milestones will be completed in Q2:

- Operational guides for SDN, TXTBro and an HIV-positive support group completed
- SBC Plan and key messages for PWID developed
- Referral points for PWID identified and MOU among SDN member organizations signed

B. New Opportunities for Program Expansion

The ROMP Project has very minimal funding for SBC activities. Messages are delivered mainly by peer recruiters, FB-PEs, and CMCs through face-to-face interaction and SMS reminders and tailored messages through TXTBro/TXTBai. The addition of funds for HIV strategic communication through the CHANGE Project contract with USAID will expand the opportunities to promote adoption of positive behaviors among MSMs and PWID beyond ROMP’s current activities.

VII. Financial Reports

Itemized Project Expenditures

Cost Items	Total LOP	Cumulative Expenses of Previous Quarters	Expenditure This Quarter			Cumulative Amount at End of This Quarter	% of Expenses Based on the LOP
			Oct'13	Nov'13	Dec'13		
Labor + Fringe Benefits							
Travel and Transportation							
Project Activities							
Sub-grantees/ sub-contractors							
Equipment and Supplies							
Other Direct Costs							
Indirect Costs							
TOTAL							

Provincial/City Expenditures

Province/City	Costs of Activities Per Province				Total Expenditure
	TA	Training	Logistics (equipment, supplies, materials)	Others (transpo, meeting, communication, incentives)	
Quezon City		-			
Cebu City					
Mandaue City					
Lapu Lapu City					
TOTAL					

VIII. Success Stories/Highlights

As a project to develop HIV prevention, care and treatment models, ROMP is introducing innovations as part of the CPS models for MSM and PWID. For this quarter, the following were introduced and potentially could become sustainable products:

Peer Driven Recruitment (PDR)

Traditionally, recruitment of MSM and PWID clients from communities is through outreach activities by peer educators, who are themselves “reformed” MSM or PWID and are therefore no longer practicing risky behaviors. Being “reformed”, they are no longer considered “real” peers as they do not practice the risky behaviors of MSM groups such as sex eyeballs of clans, orgies or “party and play” and sharing drugs in shooting galleries, or in “rooms for rent”. As such, traditional PEs find it difficult to reach many MSM or PWID groups. To access clients unreached by traditional PEs, ROMP employed PRs in PDR. The PRs are MSMs practicing unprotected anal sex with multiple partners and PWIDs who are active injectors who share injecting paraphernalia. Their task is not to “educate” but to identify their peers/friends with the same risky behaviors and encourage them to go to identified health facilities for services.

PDR is a snowballing recruitment scheme wherein clients will recruit three (3) peers or friends, each of whom will also recruit three (3) peers, and so on following successive waves until their group/network is exhausted. This system also uses a dual incentive system, wherein a primary incentive is given to a client for participating in a health clinic-based behavioral counselling session, and a secondary incentive is given for successfully recruiting and referring eligible (high-risk) peers/friends to the same health facility. These incentives are intended to defray the transportation costs of clients going to the facility. Each client is expected to visit the health facility twice; payment of the primary incentive is therefore timed during the first visit, and the secondary incentive is paid during the second visit, dependent upon the number of eligible peers successfully referred by the client.

Facility-Based Peer Educators

Traditional PEs as described above conduct peer “education” activities in the outreach locations. However, they are constrained by the insufficient involvement of clients in the outreach activities. MSMs’ primary interest when they go to the cruising sites is to find a sexual partner, while PWIDs want to leave the congregation site or injecting galleries fast for fear of police arrests. Interaction between a PE and a client is therefore fleeting and not conducive to productive peer education.

Traditional outreach PEs also face security threats in their work locations. Finally, the number of PEs available to cover sites or locations dispersed over a wide geographic area is often insufficient.

To address the above limitations, and as a supplement to rather than a replacement for traditional, venue-based outreach, ROMP uses FB-PEs who do not conduct outreach activities nor recruit clients in the communities. Instead, they are responsible for receiving all clients referred by PRs to participating health facilities, and for providing more intensive interventions in the clinic setting using the Motiv8 model described below. As they are facility based, potential security risks associated with outreach work is avoided. Likewise, only a few PE (3-4) are needed per health facility.

Motivational Interviewing for FB-PEs

A recent review of peer education activities conducted by NASPCP pointed to the need for strengthening prevention and health-seeking behavior change communications. Peer education training curricula currently used by the DOH do not cover the more sophisticated skills and techniques for generating motivation to change.

Motiv8, a form of motivational interviewing adapted by ROMP from Project Safe Talk, employs approaches to encourage HIV testing, results notification, follow-up testing, ART initiation and treatment adherence, and the use of prevention commodities. Training curricula and materials for use of FB-PEs were developed as a second-level (or advanced) capacity building training for PEs. During Q2, FHI 360 will additionally introduce a quality assessment/quality improvement tool (see Annex K) which has been adapted from the evidence-based Motivational Interviewing Treatment Integrity tool. This QA/QI tool will aid FHI 360 and local partner staff in monitoring peer counselors in a structured manner, identifying areas of weakness and creating training/mentoring plans to correct systematic deficiencies in service delivery.

Case Management Approach

Review of the prevention-to-care cascade of HIV services in ROMP project areas highlighted key losses (leaks) of MSM and PWID clients along the various stages in the service delivery pipeline:

- Among those reached by program activities, many do not seek or access HCT services.
- For those who got tested, many do not return to get their results.
- Among those who know their HIV status, many do not access ART services.
- For those initiated on ART, many are defaulting or not adhering to treatment.

To help plug the leaks along the HIV cascade of services, ROMP is introducing case management services into the continuum of care for PLHIVs. Clients will be managed as cohorts, referred and tracked within the HIV SDN, and individually followed up by the CMC over time for treatment, care and support outcomes. The SDN for MSM PLHIV in Quezon City has already been established.

The CMC will support meetings by the CMT, which will make decisions for referrals to other facilities based on client needs. The CMC also will be tasked to identify cases for review during the CMT meetings and will follow through on implementation of CMT recommendations.

Service Delivery Network for PLHIV

It is necessary to strengthen with the system of referrals to external healthcare and social service providers responsible for services not currently accessible through Klinika Bernardo or the Social

Hygiene Clinics attending to PWID. These services include pre-ART laboratory work-up for HIV+ clients, laboratory monitoring for ART patients, TB diagnosis and treatment, and other non-health services. The SDN for PLHIV will serve as the platform for the delivery of a CPS by formally binding various service delivery agencies. ROMP has assisted with the development of an SDN operational guide by adapting and localizing the manual “Referral System for Care and Support Services for PLHIV and their Families in the Community” previously developed by DSWD (with UNDP assistance) and endorsed by the PNAC. This guide is intended to strengthen the referral process and coordination mechanisms, ensure the smooth provision of needed services, and help service providers track outcomes of individual referrals.

IX. Communication and Outreach

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
Quarterly Highlight	<p>Launching of the SDN for PLHIV in Quezon City and the adoption by members of the SDN Operational Guidelines formalised through the signing of Memorandum of Understanding among the heads of member agencies/organizations. The activity was led by Quezon City Mayor Herbert Bautista with Ms. Judy Chen, OIC, OH, and USAID as part of the observance of WAD last December 12, 2013 at the Sulo Riviera Hotel.</p>	<p>Photonews posted in the USAID FB page:</p> <p>https://www.facebook.com/media/set/?set=a.644994412233555.1073741889.107439155989086&type=1</p>
		<p>Article (below) published in the FHI360 Asia Pacific Regional Office Newsletter Volume 3: October-December 2013</p> <p>Newsletter was circulated to stakeholders and partners at the national and local level</p>
		<p>News releases posted in 3 different daily journals and websites on December 14, 2013:</p> <p>http://www.journal.com.ph/index.php/news/metro/63653-qc-to-open-special-male-hygiene-clinic</p> <p>http://www.philstar.com/p-sn-</p>

		metro/2013/12/15/1268094/dagdag-klinika-kontra-aids-bubuksan-sa-qc http://www.remate.ph/2013/12/klinika-pa-para-sa-may-aids-bubuksan-sa-qc/#.UrfOn3msjwI
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Service Delivery Network for PLHIV Established in Quezon City, Philippines



Mayor Bautista signing the MOU between the Quezon City government and members of the SDN for PLHIV in Quezon City. Also in the photo are, from left (standing) Quezon City Councilors Jessica Daza and Eufemio Lagumbay, (seated) Dr. Antonieta Inumerable of the Quezon City Health Department, Ms. Judy Chen of USAID-Office of Health and Ms. Patricia Luna of the DSWD.

The Quezon City government, with technical assistance from the Philippine Department of Health (DOH), the Department of Social Welfare and Development (DSWD) and the USAID-funded Reaching Out to Most-at-risk Populations (ROMP) Project implemented by FHI 360, established a service delivery network (SDN) for People Living with HIV (PLHIV) in Quezon City. The network was formally launched on December 12, 2013 through the signing of a memorandum of understanding between Quezon City Mayor Herbert Bautista and representatives of the SDN member agencies. In his message, Mayor Bautista highlighted the pivotal role of local governments in providing health and non-health services to PLHIV and stressed his commitment to continually improve service delivery through the upgrading of services at Klinik Bernardo (the first local-government operated male wellness clinic in the Philippines), and the

operationalization of another government wellness clinic in Novaliches, Quezon City.

HIV prevalence among males having sex with males (MSM) in the city rose to 6.6% in 2013 from 1.4% in 2009. “The SDN will improve the delivery of a comprehensive package of health and non-health services to more than 1,100 HIV-positive MSM in Quezon City.” Mayor Bautista said that he will support the use of modern technology (such as social networking platforms and short message services) to improve service delivery, promote HIV testing and amplify HIV prevention efforts since these technologies are commonly used by MSM today.