

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

**Quarterly Report (Year 2 – Q2)**

January 1 to March 31, 2014



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# Executive Summary

The Philippine Department of Health (DOH) identified the need for new ways of broadly reaching males having sex with males (MSM) and people who inject drugs (PWID) at highest risk of becoming infected with or transmitted HIV, 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 report covers Year 2 – Quarter 2 (Y2Q2) of the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project, corresponding to Phase III (CPS Model Pilot Testing) of the ROMP Project Framework. This quarter saw the continued implementation of the project’s innovations/key interventions:

(1) *Peer-driven recruitment (PDR)* 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 behavior change; (4) a *Case Management approach* whereby a Case Management Team (CMT) tracks cohorts of enrolled clients for treatment, care and support outcomes and a Case Management Coordinator (CMC) supports 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.

This quarter has seen improvement in the number of clients reached and provided services under the ROMP project:

- 65 MSM/TG clients recruited via the PDR model (an increase of 66.6% over the previous quarter), 63 of whom received an HIV test and know their test result (a 61/5% increase)
- 96 PWID recruited by the PDR model in Lapu-Lapu and Mandaue (a 104% increase over Q1) and a total of 185 PWID provided HIV prevention services across all tri-city sites (a 611.5% increase).
- 195 PWID tested for HIV and received their test results (a 622% increase) with 63 new HIV-positive cases identified among PWID.

Despite these increase, peer-driven client recruitment has continued to underperform in terms of absolute numbers. However, the model itself has functioned within expected limits based upon similar project experience in other settings. Based on the analysis and recommendations from FHI 360 Technical Advisor Matt Avery during a TA visit in late January 2014, project staff introduced necessary adjustments to the PDR model, including more intensive monitoring, mentoring and coaching activities for site implementers. It is believed that these adjustments may be responsible for the increased number of clients at ROMP facilities; however, more time is necessary to judge the full effect of these measures as the majority of new seeds (primary recruiters) were only engaged in the last six weeks of the quarter. Implementers in Quezon City and Mandaue City specifically requested additional time for further observation before implementing any further modification of the model.

Project staff continued to conduct Motiv8 mentoring and coaching to enhance the capacity of facility-based peer educators, and carried out a refresher Motiv8 training in the Cebu Tri-city area because of PE turnover in 2 social hygiene clinics (SHCs). Uptake of HCT services was high among clients who underwent Motiv8 sessions with the majority of them choosing to test and receiving their test results.

Case Management Teams established in the health facilities as supported by the CMCs helped identify client needs and track referrals for services. For reactive clients, however, delivery of subsequent services in the HIV cascade met several hurdles including delays in the release of confirmatory testing, availability and timing of CD4 testing to determine ART eligibility, and out-of-pocket expenses for pre-ART laboratory work, all of which are sequential pre-requisites before treatment initiation. These concerns were discussed and corresponding solutions and/or recommendations (reflected in Section V. Major Implementations issues) were put forward in consultations with the DOH-NASPCP and the HIV TWG Meetings and the SDN Meetings at the local level. Both local platforms were convened with ROMP assistance in the MSM and PWID project sites.

During this quarter, ROMP staff also operationalized key support activities under the Case Management Approach, including: the text messaging service for MSM (TXTBro), introduction and use of the PWID client database software in the Cebu tri-city (needed in the operationalization of TXTBai) , further planning for collaborative work with the CHANGE project to enhance/expand communication activities (MSM communication workshop scheduled April 6, 2014), the establishment of the SDN for PLHIV in the Cebu tri-city area (SDN launching and MOU signing planned on May 15, 2014), establishment of the HIV+ PWID support group in Cebu City and drafting of its Operational Guide (to be completed in May 2014).

Full implementation of activities of CPS package components in Y2Q3 is expected to further accelerate client uptake and service delivery and allow the project to catch up on and meet quarterly targets. ROMP, however, will continue to closely monitor implementation experience to gauge the need for further adjustments and/or modifications in the CPS models and be responsive to evolving challenges and realities at the local level.

## Contents

Executive Summary.....	ii
List of Abbreviations .....	v
I. Situation .....	1
II. The Project and Objectives .....	1
III. Accomplishments.....	2
A. MSM Component .....	3
C. PWID Component .....	8
IV. Reasons for Variances in the Performance.....	13
V. Major Implementation Issues .....	14
VI. Milestone, Key Tasks, and Activities .....	23
VII. Financial Reports .....	28
VIII. Success Stories/Highlights.....	28
IX. Communication and Outreach.....	29

# List of Abbreviations

AO	Administrative Order
AOR	Agreement Officer's Representative
AMTP	AIDS Medium Term Plan
ART	Antiretroviral Treatment
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
EAMC	East Avenue Medical Center
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HACT	HIV/AIDS Core Team
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
ICR	Individual Client Record
IR	Intermediate Result
HCT	HIV Counseling and Testing
LGU	Local Government Unit
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOU	Memorandum of Understanding
MSM	Males having Sex With Males
NCR	National Capital Region
PBG	Performance-Based Grant
PDR	Peer-Driven Recruitment
PITT	Performance Indicator Tracking Table
PLHIV	People Living with HIV
PMP	Performance Management Plan
PNGOC	Philippine NGO Council on Population, Health and Welfare
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
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

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

The Philippine Department of Health has identified the need to expand coverage and strengthen effectiveness of HIV peer education activities targeted MSM and PWID, and to address the loss of clients along the HIV services cascade. In response, USAID is providing assistance to develop and test comprehensive package of services (CPS) models for MSM and PWID.

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 2 (Y2Q2) 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 the National Capital Region (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) women 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 and peer-driven recruitment model targeting highest-risk individuals through their sexual and social networks;
2. Strengthen facility-based peer education to motivate HIV counseling and testing (HCT) uptake, results notification, follow-up testing, and the use of prevention commodities;
3. Pilot a case management approach for HIV-positive MSM/TG women 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 local government unit (LGU) needs. 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. The updated Performance Management Plan (PMP) with the Performance Indicator Tracking Table (PITT) was submitted to Ms. De Sagun on March 4, 2014. ROMP is awaiting comments/approval of PMP.

### **III. Accomplishments**

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 Y3.

Y2Q2 accomplishments for the MSM and PWID components of the ROMP project are presented in the tables below.

## A. MSM Component

Based on the indicators and targets contained in the ROMP Project provisional PMP (dated March 4, 2014), the following are accomplishments for the MSM Component for Y2Q2:

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		
<b>Goal: Family Health improved</b>									
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. 2013 IHBSS (Y1) for MSM showed HIV prevalence of 6.6% in Quezon City.
<b>Purpose: Utilization of HIV/AIDS services by MSM increased</b>									
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	18	17			35	
P11.1.D: Number of MSM who received testing and counseling services for HIV and received their test results	0 (2013)	800	400	39	61			102	2 clients have not returned for their confirmatory test results.
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 FY 15 in Quezon City	24% (IHBSS, 2011)	50%	No IHBSS (>= 40%)	12/39x 100= 30.8%	22/71x 100= 31.0%			22/71x 100= 31.0%	The numerator is the number of MSM recruited through 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

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		
									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%	0/3x 100= 0%	4/4x 100= 100%			4/4x 100= 100%	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.
<b>1.3.1 The supply of HIV/AIDS services improved</b>									
HIV 5: Number of trained facility-based peer educators (FB-PE) and case management coordinators (CMC) in Klinika Bernardo capable to oversee PDR 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			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. The TXTBro software is completed. Completion of operational guide and training of CMC are scheduled in Q3.
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 and CMCs implementing MSM interventions following MSM CPS operational guidelines	0 (2012)	3 FB-PE 1 CMC	3 FB-PE 1 CMC	0 FB-PE 0 CMC	0 FB-PE 0 CMC			0 FB-PE 0 CMC	Training on and operationalization of TXTBro (messaging service) to be completed in Q3.
HIV 11: Number of LGUs with ROMP-supported health		1	1	1	1			1	Client preferred condoms and lubricants are already available in

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		
facilities with available client-acceptable HIV prevention commodities (syringe/needles and condoms and lubricants)									Klinika Bernardo. Some condom brands are not that acceptable to MSM (left over from previous procurements are still seen in the facility).
HIV 12: Number of modules/guides developed for PDR, facility-based motivational approaches and messaging service	0 (2013)	3 (PDR, Motiv8 and TXTBro)	1	1 (SDN)	0			3	The guide for TXTBro (messaging service) will be completed in Q3 which will be the 4 <sup>th</sup> guide developed for the MSM component. PDR, Motiv8 and an SDN guide (developed in Q1) are already completed.
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: 14 Female: 3	0					22 Male: 17 Female: 5	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: 14 Female: 3	17 Male: 14 Female: 3	7 Male: 6 Female: 1	5 Male: 3 Female: 2			12 Male: 9 Female: 3	Also trained, but not counted in the total tally for the indicator were: 1 female in Q1 (Dr. Eleria) and 2 males in Q2 (Dr. Gabagat and Mr. Canezal). The mentoring and coaching conducted were: (a) mentoring by Matt Avery during his technical assistance visit in Feb. 3, 2014 (Annex A) and (b) Male Sexual and Reproductive Health Training (Annex B).
<b>1.3.2 The demand of essential HIV/AIDS services strengthened</b>									
C1.1D: Number of eligible adults and children provided with a minimum of one care service	0 (2012)	88	44	3	1			4	

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		
HIV 14: Number of MSM recruited through PDR	0 (2012)	1,000	650	39	63			104	
HIV 15: Number of MSM reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages	0 (2013)	1,000	650	39	63			104	
<b>1.3.3 HIV/AIDS program policies and systems improved</b>									
HIV 16: Administrative Order (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 supporting the implementation of PDR, Motiv8, SDN, MSM text messaging service (TxtBRO) and case management team (CMT) issued	0 (2012)	1	1	0	0			0	Indicator target to be completed in Y2Q3.
HIV 18: Number of MSM HIV+ clients referred and managed for, pre-Antiretroviral Treatment (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	0 (2012)	34	16	0	4			4	

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 others)									
HIV 19: Implementation of PDR, motivational interviewing (Motiv8), SDN, TxtBRO and CMT integrated in the citywide investment plan for health (CIPH)	0 (2012)	1	0					0	Indicator target to be completed in Y3

### C. PWID Component

Based on the indicators and targets contained in the ROMP Project provisional PMP (dated March 4, 2014), the following are accomplishments for the PWID Component for Y2Q2:

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		
<b>Goal: Family Health improved</b>									
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. 2013 (Y1) IHBSS for PWID HIV prevalence in Cebu and Mandaue is 52 (male) and 40%, respectively.
<b>Purpose: Utilization of HIV/AIDS services by PWID increased</b>									
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	26 Male: 24 Female: 2	185 Male: 168 Female: 17			211 Male: 192 Female: 19	Q1 Revised
P11.1.D: Number of PWID who received testing and counseling services for HIV and received their test results	0 (2013)	1,152	664	27 Male: 25 Female: 2	195 Male: 175 Female: 20			222 Male: 200 Female: 22	Q1 Revised
HIV 4: Percentage of PWID who did not share needles during last injection increased from 25% in FY 11	25% (IHBSS, 2011)	40%	40%	27/64x100= 42.2%	122/258 x 100= 47.3%			122/258 x 100= 47.3%	This is the number of PWID who did not share needles during last injection with other PWIDs, did not use service needles in shooting

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		
to 40% in FY 15									galleries and did not use negligently disposed needles. The denominator is the number of PWIDs who visited the facility during the period.
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%	0/6x100= 0.0%	10/64x 100 = 15.6%			10/70 x 100 = 14.3%	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.
<b>1.3.1 The supply of HIV/AIDS services improved</b>									
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			0 FB-PE 0 CMC	The tri-city social hygiene clinics (SHCs) FB-PEs and CMCs are capable to oversee PDR and conduct Motiv8 sessions. The operational guide for the SDN is already prepared and is set for launching in May 2014. Training on and operationalization of PWID text messaging service (TXTBai) and the operationalization of the HIV-positive support group will be completed in Y2Q3.
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: 1 Female: 2	Target met in Y1. ROMP was unable to recruit female PWID to be FB-PE. The male CMC in Lapu-Lapu City was replaced with a female CMC due drug use relapse which affected performance 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		
									duties.
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, SDN referral and HIV-positive support group will be completed in Y2Q3.
HIV 11: Number of LGUs with ROMP-supported health facilities with available client-acceptable HIV prevention commodities (syringe/needles and condoms and lubricants)		3	1 (Cebu City)	1	1			1	Cebu City receives PWID-acceptable brands of condoms, lubricants, needles and syringes. Lapu-lapu city receives PWID acceptable n/s only enough for the initial 2 visits of the client. 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 (PDR, Motiv8, TXTBai and HIV+ support group)	2	0	0			2	The guides for TXTBai and for the HIV-positive support group will be completed in Q3. An operational guide for the SDN will likewise be launched in Q3 (5 <sup>th</sup> guide for the PWID component).
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: 11 Female: 12	23 Male: 11 Female: 12	11 Male: 6 Female: 5	4 Male: 3 Female: 1			15 Male: 9 Female: 6	Also trained, but not counted in the total tally for the indicator were: 5 males and 1 female were trained in Q1 and 3 males in Q2. The mentoring and coaching conducted were: (a) Refresher Course on Motivational Interviewing for PE and CMC (Annex C), (b) Training on the Use of Database and Text Messaging Service (Annex D),

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 (c) mentoring by Dr. Mateo on filling-out the ICR and data encoding (Annex E).
<b>1.3.2 The demand of essential HIV/AIDS services strengthened</b>									
C1.1.D: Number of eligible adults and children provided with a minimum of one care service	0 (2012)	662	382	6 Male: 6 Female: 0	73 Male: 65 Female: 8			79 Male: 71 Female: 8	
HIV 14: Number of PWID recruited through PDR	0 (2012)	720	441	47 Male: 45 Female: 2	96 Male: 94 Female: 2			143 Male: 139 Female: 4	
HIV 15: Number of PWID reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages and/or PWID HIV+ support group sessions	0 (2013)	1,440	650	64 Male: 62 Female: 2	236 Male: 214 Female: 22			300 Male: 276 Female: 24	
<b>1.3.3 HIV/AIDS program policies and systems improved</b>									
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: Local government policy issuances supporting the implementation of PDR, Motiv8, SDN, TxtBAI. CMT and the operationalization of an HIV-positive support	0 (2012)	3	1 (Cebu City)	0	0			0	2015: Lapu-Lapu and Mandaue

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		
group for PWIDs issued									
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)	236	132	1 Male: 1 Female: 0	9 Male: 8 Female: 1			10 Male: 9 Female: 1	
HIV 19: Implementation of PDR, Motiv8, SDN, TxtBAI, CMT and the operationalization of an HIV-positive support group for PWIDs (in the Tri City) integrated in the CIPH	0 (2012)	3	0					0	Indicator target to be completed in Y3

## IV. Reasons for Variances in the Performance

During Y2Q2 and prompted by previous failure to meet targets on a number of core output indicators, ROMP project staff conducted a technical review of project implementation, assisted by FHI 360 Asia Pacific Regional Office Technical Advisor Matt Avery. This review included meetings with the QCHD HIV/AIDS Program Coordinator, Klinika Bernardo staff and other QCHD and Global Fund for AIDS, TB and Malaria-Transitional Funding Mechanism (GFATM-TFM) peer educators, and interviews with PDR seeds who were unsuccessful at recruiting subsequent “waves” of clients (see Annex F). The outcomes of that review are described in detail in the Y2Q1 quarterly report, as well as in Mr. Avery’s trip report, attached to this document (see Annex A).

Following that review, FHI 360 introduced a number of measures intended to strengthen the PDR model, including expanding the number of seeds, ensuring recruitment of appropriate seeds, and intensifying follow-up as described in the previous quarterly report. Since that report, FHI 360 has monitored the situation closely, and enacted additional measures over the course of Q2 including:

- Increasing the maximum age of eligible recruits from 24 years to 30 years, and relaxing eligibility requirements for PWID so that they need not report injecting on a daily basis.
- Implemented outreach activities for FB-PEs on a revolving basis to help them identify new seeds.
- Collaborating with other social hygiene clinics to identify and refer eligible HIV- and HIV+ seeds.
- Recruiting seeds with the assistance of other community stakeholders, including owners/managers of entertainment establishments and MSM social “clans.”
- Recruiting seeds via non-traditional channels including branded project profiles created on popular MSM social networking sites, and PWID “parties” in Mandaue and Lapu-Lapu targeting barangays with the largest known concentrations of PWID.

As a result of these measures, MSM/PWID recruitment has increased (66.6% among MSM/TG and 104% among PWID), but continues to fall short of achieving targets (16% and 32% of total Y2 targets, respectively). There has also been a substantial increase in service uptake (61.5% more MSM and 622% more PWID received an HIV test and knew their test results in Q2 compared with the previous quarter); however, client enrolment remains short of targets. There is particularly a clear need to plug leaks in the HIV cascade by enrolling more clients who were:

- Reached by GFATM-TFM but who refused HIV testing in SHCs or outreach posts
- Tested for HIV at least six months ago but never knew their test results
- Tested and knew their HIV test results but never had a CD4 count
- Eligible for ART but did not do pre-ART work-up to initiate treatment
- Started on ART but defaulted or did not adhere to treatment

Based on recent (though insufficient) improvements in recruitment and service enrolment, and given that many model-strengthening recommendations were only implemented in the closing weeks of Q2, project sites have requested additional time to judge whether the modifications can bring project implementation back on-track. It is anticipated that these changes, coupled with full implementation of TXTBro and TXTBai, and the strengthened communication plan to be developed with the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project (that includes promotion of Klinika Bernardo and its services) PDR and enrollment to ROMP interventions can catch-up in Y2Q3. As will be discussed in Section VI, uncompleted Q2 targets will be prioritized for completion in Q3.

## 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. Klinika Bernardo not adequately furnished for a a more user-friendly and comfortable clinic visit experience by clients. This may serve as a deterrent for repeat visits by clinic clients.	Equipment, furniture and supplies procured with DOH-CHD NCR assistance expected to be delivered within the year. QCHD will follow-up with CHD NCR to expedite delivery as soon as possible.  Additional needed equipment, furniture and supplies were identified from the PRISM2 Project disposition list and request submitted to Ms. Hipolito of USAID.	ROMP will follow-up on USAID approval of the request and expedite transfer to Klinika Bernardo by July 2014.
	b. Lack of social worker/ trained guidance counselor to act as guardian (required by law) to clients below 18 y.o. seeking clinic services (e.g. HCT) and to provide more in-depth counseling. Consequently, minors could not undergo HIV testing even if they request for it.	Social Worker from the Camillian Father's Wood Water Center for Healing (member organization of the SDN) will be engaged in Klinika Bernardo on a per need, on call basis.	Coordinate with the QC Social Services Department for possible detail of additional social workers in Klinika Bernardo.
	c. Glitches in the MSM patient database and TXTBro SMS Gateway System encountered and operational guidelines not yet completed	Problems relayed to software developer and glitches fixed. Operational Guidelines being reviewed and finalized by end of April 2014	
	d. SBC implementation plan not yet completed.	ROMP scheduled the HIV Communication Strategy Workshop with CHANGE Project on 8 April 2014.	
2. Technical Concerns	a. Many of recruited seeds were non-generative. Uptake of clients enrolled into the interventions is slower than anticipated.	KII were conducted among non-generative MSM seeds to understand why they were unable to recruit and refer clients.  Modifications to eligibility	As most of the seeds were recruited in the last 6 weeks of the quarter (mid-February to end of March), Quezon City requested that client

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		<p>criteria were introduced and implementation was closely monitored and supervised.</p> <p>Seeds followed up by phone and/or at the community level 1 week after their engagement to determine status of recruitment efforts and further motivate them in recruiting their friends/peers.</p> <p>Increase in the number of seeds recruited to replace/compensate for those those which are non- generative.</p> <p>New strategies for identifying and recruiting seeds were implemented (e.g. FB PEs sent out to MSM locations to help identify and recruit seeds from within and outside of their personal networks, recruitment of seeds with support of other SHCs in Quezon City, routine screening of clients referred to KB by GF and all identified HIV+ clients as potential seeds), use of MSM social networking sites.</p>	<p>uptake be closely observed in the succeeding month/s (or quarter) for any promising trend.</p> <p>If the exhaustive efforts for peer driven recruitment still doesn't work, modify the model by adopting the Cebu City approach where there is no PDR component. ROMP efforts will then be directed towards the following clients considered as difficult or problematic, and/or considered as “failures” of exiting intervention approaches and are therefore viewed as among those “highest risk”:</p> <ul style="list-style-type: none"> <li>a. Reached by GFATM-TFM but who refused HIV testing in SHCs or outreach posts</li> <li>b. Tested for HIV at least six months ago but never knew their test results</li> <li>c. Tested and knew their HIV test results but never had a CD4 count</li> <li>d. Eligible for ART but did not do pre-ART work-up to initiate treatment</li> </ul>

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<p>b. MSM clients who already met their service requirements during their first visit (e.g. only wanted to know their HIV status and received a non-reactive test result) and who are not actively recruiting their peers in order to earn a project incentive are unlikely to return to the clinic (in the next 2 weeks for their 2<sup>nd</sup> Motiv8 session) if they don't have other added concerns or issues. Consequently, the targets for the indicator “MSM reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required” will not be met (definition is completion of 2 Motiv8 sessions).</p>	<p>Klinika Bernardo FB-PEs were provided with a more intensive HIV post-test counselling training.</p> <p>Return for the 2<sup>nd</sup> Motiv8 session is included in the plan prepared by the client.</p> <p>TXTBro message reminder sent to remind return clinic visit for test result.</p>	<p>e. Started on ART but defaulted or did not adhere to treatment</p> <p>“Interest group” sessions will be convened to entice clients for return visits. “Non-health” topics of relevance or interest to clients will be identified (e.g. dealing with harassment, reducing stigma and discrimination, how to make sexual experience more pleasurable with a condom, etc.) and will be used as the platform for continuing contact with the health facility.</p>
	<p>c. Service Delivery Network members are not yet fully complying with the SDN operational guide.</p>	<p>Review of experience of SDN members with regards referrals made in Y2Q2 (after the SDN launching in December 2013) and identify how referral mechanisms could be further strengthened and refined.</p> <p>PNGOC provided initial copies of referral and feedback forms for use of SDN member agencies</p> <p>Focal persons advised to orient service providers in their respective agencies on SDN processes,</p>	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		including use of referral forms	
	d. Use of Motiv8 skills and techniques by PEs during the conduct of Motiv8 sessions needs to be further enhanced or strengthened. Client plans accomplished in the Motiv8 sessions are not properly elucidated or prepared.	ROMP-PNGOC staff conducted initial monitoring, mentoring and coaching activities. Matt Avery provided more intensive mentoring and coaching  Format developed for use of PEs to assist them in documenting client plans developed in the Motiv8 sessions.	Conduct of MSM Motiv8 refresher training planned in April 2014 to include tool to aid in monitoring/strengthening PEs using the model
	e. TB screening (symptomatic screening and CXR) among HIV+ clients not routinely implemented (as required under DOH AO 2014-005).  Symptomatic screening is done but not CXR (machine is not available in KB and clients need to pay when referred to other facilities)	The DOH AO discussed with KB physician and provided hard copies for reference.  Issue also raised with the IMPACT project in the monthly COP meeting. IMPACT responded that they will also do counterpart dissemination/briefings in the convergence areas.  CXR to be included in the pre-ART work-up for clients referred to RITM	.
	f. Many HIV+ clients are reluctant/not prepared to disclose their serostatus to their sexual partner. Recruiting sexual partners as part of "one-care" targets could not be readily met.	Disclosure included as part of capacity building for KB staff/PEs so they could help address concerns of and motivate/assist PLHIVs to understand the need and benefits of disclosing their serostatus.	Conduct of anonymous notification of sexual partners with the index client's consent.

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

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
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Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
1. Management concerns	a. Difficulty in recruiting and retaining a full team of qualified peer educators (drop-out due to inability to cope with project demands and health problems of HIV+ PWID PEs)	Reserve FB-PEs were included in the Refresher Course of FB-PEs and CMCs on motivational interviewing. 3 were immediately hired as replacement FB-PEs while 1 was on reserve status.	Consider training non-peers (probably formally trained health workers) as Motiv8 counsellors/ service providers.
	b. Unsatisfactory performance of Lapu-lapu CMC to because of drug use relapse.	The City Health Officer was informed and consulted on the issue. CMC replaced with a nurse (jointly identified with the City Health Officer) effective February 16, 2014.  CMC mentored and coached and closely monitored to support conduct of project activities.	
	c. Assigned ROMP work areas not conducive for conduct of Motiv8 sessions	Facilities were refurbished to safeguard privacy and confidentiality of clients. For Lapu-Lapu City, a separate room was already allotted by the City Health Officer for ROMP Project activities.  Additional needed equipment, furniture and supplies were identified from the PRISM2 Project disposition list and request submitted to Ms. Hipolito of USAID.	ROMP will follow-up on USAID approval of the request and expedite transfer to the 3 SHCs by July 2014.
	d. Glitches encountered in the PWID patient database and TXTBai SMS Gateway and operational guidelines remains to be completed.	Problems relayed to software developer and glitches fixed. Operational Guidelines being reviewed and finalized by end of April 2014.	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	e. PWID SBC implementation plan not yet completed	Joint activity with CHANGE Project to field test key message and finalize additional activities/ communication touch points scheduled in May 2014.	
2. Technical Concerns	a. Inaccurate entries to the ROMP PWID Social Hygiene Clinic Information System database	Mentoring and coaching on the use of database computer software done in March 2014 .	Continuing mentoring and coaching to be done in Y2Q3.
	b. Difficulty in engaging female PWID PE	Male PR asked to recruit female PWID from their social and sexual networks.	
	c. Many of recruited seeds were non-generative. Uptake of clients enrolled into the interventions is slower than anticipated.	<p>Modifications to eligibility criteria were introduced and implementation was closely monitored and supervised.</p> <p>Seeds followed up by phone and/or at the community level 1 week after their engagement to determine status of recruitment efforts and further motivate them in recruiting their friends/peers.</p> <p>Increase in the number of seeds recruited to replace/compensate for those those which are non- generative.</p> <p>New strategies for identifying and recruiting seeds were implemented (e.g. FB PEs sent out to PWID sites or locations to help identify and recruit seeds from within and outside of their personal networks, conduct of PWID parties)</p>	<p>As most of the seeds were recruited in the last 6 weeks of the quarter (mid-February to end of March), Mandaue City requested that client uptake be closely observed in the succeeding month/s (or quarter) for any encouraging trend.</p> <p>If the exhaustive efforts for peer driven recruitment still doesn't work, modify the model by adopting the Cebu City approach where there is no PDR component. ROMP efforts will then be directed towards the following clients considered as difficult or problematic, and/or considered as “failures” of exiting intervention approaches and are therefore viewed as among those “highest</p>

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
			<p>risk”:</p> <p>a. Reached by GFATM-TFM but who refused HIV testing in SHCs or outreach posts</p> <p>b. Tested for HIV at least six months ago but never knew their test results</p> <p>c. Tested and knew their HIV test results but never had a CD4 count</p> <p>d. Eligible for ART but did not do pre-ART work-up to initiate treatment</p> <p>e. Started on ART but defaulted or did not adhere to treatment</p>
	<p>d. HIV testing not done on all initial PWID visits in Lapu-Lapu City even if client is ready to take the test (due to workload of the medical technologist). Clients could be potentially lost if asked to come back for testing on a second visit.</p>	<p>Consultation meeting with the CHO is requested in April to identify solutions to make HCT available to PWIDS during their initial clinic visit.</p>	
	<p>e. Delayed release of HIV screening results in the cities of Cebu and Mandaue could contribute to potential loss of interest of clients to know their HIV status.</p>	<p>Concern discussed with the respective CHOs. Attention was called to the augmentation medtechs already provided by GF to the 2 cities. Both agreed to the same-day release of non-reactive results after the GFATM -assigned medical technologist had completed HIV proficiency training in May 2014.</p>	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<p>f. TB screening (symptomatic screening plus CXR) among HIV+ clients not routinely implemented (as required under DOH AO 2014-005).</p> <p>Symptomatic screening is done but not CXR (machine is not readily available and clients need to pay when referred to other facilities)</p>	<p>The DOH AO discussed with SHC physicians and provided hard copies for reference.</p> <p>Issue also raised with the IMPACT project in the monthly COP meeting. IMPACT responded that they will also do counterpart dissemination/briefings in the convergence areas.</p>	<p>Cost of CXR included in the pre-ART work-up discussed in item h (below)</p>
	<p>g. Delayed conduct of CD4 testing delays identification of clients eligible for ART. CD4 testing is solely done by VSSMC for the tri-city and is scheduled only during the last week of the month because of staffing concerns and limited funding for CD4 testing (supported by the GF)</p>	<p>Concern calendared for discussion in the SDN/HIV TWG meeting and raised with the DOH-NASPCP Manager for action.</p>	
	<p>h. Pre-ART work-up needed before initiating treatment in eligible clients not readily done because of out of pocket expenses which are not affordable for PWID clients.</p>	<p>Concern raised with the DOH-NASPCP Manager. Pre-ART work-up now simplified to only include CBC, Urinalysis, CXR and pregnancy test for females. Liver function tests is no longer required.</p> <p>Initial CD4 testing is also waived (if not available) in situations where clients already manifests opportunistic infections.</p> <p>Concern also discussed in the SDN meeting to explore other sources to fund the needed work-up. GF provides enablers fund to VSMMC, Cebu and Mandaue which could be accessed by clients. The limited allocation (15 clients per city) to Cebu</p>	<p>Include costs of pre-ART lab work-up to be funded under the performance-based grants extended by DOH-NASPCP to the tri-city.</p>

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		and Mandaue could still be increased if LGUs make the requests to NASPCP.	
	i. Many HIV+ clients are reluctant/not prepared to disclose their serostatus to their sexual partner. Recruiting sexual partners as part of “one-care” targets could not be readily met.	Disclosure included as part of capacity building for PWID Support Group members so they could help address concerns of and motivate/assist other PLHIV to understand the need and benefits of disclosing their serostatus.	Conduct of anonymous notification of sexual partners with the index client’s consent
	j. Some needles/syringes distributed to PWID clients are reported sold for cash.	Issue discussed with Cebu City Social Hygiene Clinic. Each needle/syringe pack now cut at one end before distribution to make it unacceptable for resale at commercial pharmacies and therefore could not be used for other purposes.  Cebu City SHC position on the issue is that as long as the syringes/needles are sold to and used by other PWID, these still serve its purpose.	
3. Security Concerns	a. Needle and syringe supplies stolen in Lapu-lapu City	Lapu-Lapu CMC submitted an incident report which includes plans on how to prevent the same in the future. A new custodian for the syringe and needle supplies was designated (Ms. Estela Amoin, LGU nurse) and the supplies were transferred from ROMP office to the CHO storage space which is more strictly guarded.	
	b. Attempts by a small number of PWID to “game” the PDR system to accrue greater incentives	Implemented the collection of basic biometric data (wrist circumference and shoulder-to-fingertip arm length) to discourage clients from attempting to register at multiple clinics	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
3. Others (including anticipated/future problems/delays)	a. GF-PWID activities started implementation in Mandaue City. Clients reached by ROMP maybe the same clients reach by GF and vice versa.	<p>Joint meetings conducted in Mandaue between ROMP and GF project.</p> <p>Tri-city HIV TWG meetings convened by the DOH-CHD 7 served as the venue to update partners on planned activities, identify areas of concerns, promote coordination and collaboration among HIV projects in the tri-city area.</p>	
	b. New personnel/leadership of drug enforcement agencies in Cebu City are conducting more stringent implementation of existing laws. Consequently, needle/syringe distribution outside of Brgy. Kamagayan (the only identified site as part of the approved operations research) has either scaled down or suspended.	<p>Situation calendared for discussion in the HIV TWG Meeting in the tri-city to identify course of action and potential remedies.</p> <p>DOH-NASPCP alerted on the situation and requested assistance to help resolve the situation.</p>	Collaborate with DOH and WHO (currently supporting policy/advocacy efforts in the tri-city) for further advocacy efforts targeting identified new leaders of drug enforcement agencies that will allow a more supportive environment for harm reduction initiatives in the tri-city.

## VI. Milestone, Key Tasks, and Activities

Following the revised program description<sup>1</sup>, 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 were discussed in detail under Sections III, IV and V.

Annexes G and H contain the Y2 activity matrices for the ROMP Project. For the **MSM component**, the highlights of the activities in Y2Q2 and planned activities in Y2Q3 are:

Prevention and Education: Most of the capacity-building activities were completed in Y1. In Q2, activities included:

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

Post-Training Mentoring and Coaching of MSM FB-PEs and CMCs. One session was conducted in the last week of January 2014 with Mr. Avery coaching the Klinika Bernardo staff on Motiv8. He noted that the FB-PEs have improved on their motivational interviewing skills and that they are able to identify and reject motivational interviewing-inconsistent behaviors. He likewise demonstrated to the CMCs an uncomplicated and engaging way of conducting a community recruiters' training and asked them to do return-demonstration.

In Q3, mentoring and coaching activities will be continued. Important topics that should be prioritized are counselling clients on disclosure of HIV status to partners and family members and counseling skills to encourage treatment adherence among HIV-positive MSMs. Likewise, Motiv8 will be offered to all ROMP clients and amenable non-ROMP MSMs visiting Klinika Bernardo.

#### Diagnosis of HIV, STI and TB:

1. Establishment of MSM SDN: All activities are completed. Two SDN meetings were conducted in Q2 where the following salient topics were tackled:
  - A. Feedback from SDN member agencies regarding the use of the SDN operational guidelines
  - B. Update on the CMT and organization of HIV/AIDS Core Team (HACT) in East Avenue Medical Center (EAMC) and Quezon City General Hospital (QCGH)
  - C. Presentation of the USAID-funded CHANGE Project support to ROMP activities in Quezon City  
Documentation reports for these meetings are in Annexes I and J.
2. An introductory training course, the "Male Sexual and Reproductive Health Services Training", was conducted from March 10-13, 2014 with Dr. Leonardo Alcantara, Jr. as lead facilitator. The training aimed to adequately equip Klinika Bernardo staff with the necessary knowledge and skills to respond to clients' sexual and reproductive health needs beyond HIV and STI services. It is envisaged that new services will be phased-in in accordance with staff capacity and budget allocations. There were 13 individuals (11 male and two female) from QCHD who completed the training.

The following activities will be conducted in Q3:

- a. Post-training mentoring and coaching for Klinika Bernardo staff
- b. Development of an action plan for male sexual and reproductive health services in Klinika Bernardo
- c. Donors' meeting to mobilize resources for Klinika Bernardo Strategic Plan

#### Case Management

There are three activity tracks for case management:

1. Establishment of CMT for HIV-positive MSM: Dr. Leonel John Ruiz of Klinika Bernardo presided over CMT meetings to discuss difficult/problematic cases and identify definitive management options. SDN members or other resource persons may be invited in these meetings. Although the CMT is already functional, planned Q3 activities include CMC training on MSM case management and the follow-through mentoring and coaching.
2. Development of Short Message Service (SMS)-based SBC messaging service (TXTBro): As of this quarter, the Client Database and ClickSoftware SMS System developed by MyClick are fully

operational. The Patient Information System is used to capture information for ROMP clients while ClickSoftware SMS is a software solution that enables the CMC to send tailored messages to, as well as receive inquiries via SMS from, ROMP clients. The first set of text messages were sent to 33 clients with mobile numbers in the database.

Project staff will finalize the TXTBro operational guidelines in Q3, including a troubleshooting section (e.g. what to do when the system hangs or when it could not operate).

3. Development of Klinika Bernardo as “satellite” ART clinic: Project staff have already conducted meetings with DOH to facilitate Klinika Bernardo compliance with the requirements for operating as a satellite ART clinic. In Q3, staff will provide technical assistance for coordination meetings with PhilHealth to facilitate accreditation so that members would be able to avail of benefit packages.

### Strengthening BCC Programming

In Q2, staff of the CHANGE Project participated in a meeting with Quezon City stakeholders where they presented the potential assistance that they can offer to the ROMP Project and Quezon City. It was agreed that the CHANGE Project will assist in the development of the HIV communication strategy for MSMs and the refinement of the MSM SBC Plan developed by the ROMP Project.

In Q3, the ROMP and CHANGE Projects will conduct an HIV communication strategy workshop, drawing on preliminary work supported by FHI 360 in FY1 of the ROMP project, and will begin implementation of activities highlighted under the MSM SBC Plan.

### Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication

ROMP staff planned to develop the overall structure of the MSM CPS operational guide during Q2; however, this task was deferred as the project focused on increasing client recruitment and service delivery accomplishments. This will be prioritized in Q3.

### Managing Transition and Promoting Sustainability of Interventions

In Q2, project staff also planned to initiate technical assistance provision to project sites in preparing the LGU transition and sustainability plan. This was also deferred given project partners are still implementing adjustments in peer-driven recruitment and closely monitoring if indeed this will work. This will activity will be implemented in Q3. Also in Q3, staff will initiate consultation meetings to draft the LGU and DOH policy/administrative issuances.

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

- Male sexual and reproductive health training for Klinika Bernardo staff
- Operational guide for CMT and SDN operations completed
- MOU among SDN member agencies signed and MSM SDN services ongoing

The following milestones will be completed in Q3:

- Operational guide for TXTBro
- SBC Implementation Plan for MSM

For the **PWID component**, the highlights of the activities in Y2Q2 and planned activities in Y2Q3 are:

Prevention and Education: Most of the capacity-building activities were completed in Y1. During Q2, ROMP staff continued to provide post-training mentoring and coaching of PWID FB-PEs and CMCs. There were three mentoring and coaching activities in this quarter:

1. Staff conducted a *Motiv8 Refresher Training for PWID FB-PEs and CMCs* in the Cebu tri-city from February 10-14, 2014 with FHI 360 and Dr. Ilya Tac-An of the Cebu City Health Department as main facilitators assisted by PNGOC. The refresher training consisted of three days didactic and two days practicum. There were 15 participants coming from the Tri-City but only 10 successfully completed the course. This training, a follow-up to the *Motiv8 Training* conducted last August 12-17, 2013, was conducted because of the observed need of FB-PEs and CMCs for more inputs and practice on the key skills and techniques of Motiv8 plus the need to train new and reserve FB-PEs.
2. Training on the use of the PWID database and text messaging service (Annex D)
3. Mentoring on proper filling-out of PWID Individual Client Record (ICR) and data encoding (Annex E)

In Q3, ROMP staff will continue to conduct mentoring and coaching activities. Provision of Motiv8 counseling will be offered to all ROMP clients and amenable non-ROMP PWIDs visiting the tri-city SHCs collaborating with ROMP.

#### Diagnosis of HIV, STI and TB:

The PWID SDN was able to meet twice in Q2 to review and finalize the draft SDN Operational Guide and MOU, and discuss diagnostic and treatment services needed by PWID clients. The SDN for PLHIV in the Cebu tri-city is planned to be launched with an MOU signing ceremony in Q3.

#### Case Management:

There are two activity tracks for PWID case management:

1. Establishment of CMT for HIV-positive PWID: The three LGUs held CMT meetings presided by the ROMP Project Officer and were devoted to discussing ROMP Project implementation issues and accomplishment reporting. Beginning in Q3, CMT meetings will now be chaired by the SHC Physician and will discuss both difficult-to-manage PWID cases or successful PWID cases which could provide insights in the management of other clients. Likewise, ROMP staff will now prioritize CMC training on PWID case management as well as follow-through mentoring and coaching.
2. Development of SMS-based SBC messaging service (TXTBai): As of this quarter, the Client Database and ClickSoftware SMS System developed by MyClick are fully operational. The Patient Information System is used to capture information for ROMP Client while the ClickSoftware SMS is a software solution that enables the CMC to send tailored messages to, as well as receive inquiries via SMS from, ROMP clients. TXTBai will be operational in Q3, and ROMP staff will finalize the ROMP PWID Social Hygiene Clinic Information System/messaging service system operational guidelines, including a troubleshooting section (e.g. when the system hangs or when it could not operate).

#### Care and Support:

The PWID HIV-positive support group (also known as PsP or Positive support for PWID), which had its initial meeting in December 2013, was established to serve as a venue for providing more focused

attention to the collective needs and concerns of HIV-positive PWIDs. In Q2, the group held two other meetings that focused on organizational development and planning for upcoming capacity-building activities.

In Q3, ROMP staff will complete a manual to guide local governments in forming PWID HIV positive support groups and instruct case management coordinators in facilitating group activities. Staff will also continue capacity-building activities, including orientation and post-orientation mentoring of support group facilitators, and group meeting activities.

Strengthening BCC Programming: Planning and coordination meeting between ROMP and the CHANGE project were scheduled in Q2; however, it was only in the later part of Q2 that the CHANGE Project received the go signal from USAID to implement health communication technical assistance for HIV/AIDS. In Q3, ROMP will hold this meeting with the CHANGE Project and will begin to implement activities under the PWID SBC Plan. The Change Project will be responsible for pre-testing and finalizing messages and identifying other message delivery touchpoints outside the scope of ROMP project activities. Also in Q3, the ROMP Project will work with the CHANGE Project to come up with a creative brief that will guide message development.

#### Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication

In Q2, staff planned to develop the overall structure of a PWID CPS operational guide; however, this was not prioritized as the project focused on increasing service delivery accomplishments. This will be a priority activity in Q3.

#### Managing Transition and Promoting Sustainability of Interventions

ROMP has yet to provide technical assistance to the Cebu tri-city and NASPCP in developing Performaing Based Grants (PBG) agreements which will include specific provisions to promote sustainability of interventions. Likewise, ROMP has yet to broker additional technical assistance from HPDP2 for the overall development of the HIV PBG scheme. These will be prioritized in Q3, including the consultation meetings to draft the LGU and DOH policy/administrative issuances and the meetings with 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 had been completed:

- Operational guide for CMT and SDN operations

The following milestones will be completed in Q3:

- MOU among SDN member agencies
- Operational guide for TXTBai and HIV-positive support group
- SBC Implementation Plan and key messages for PWID

## 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
			Jan '14	Feb '14	Mar '14		
Labor + Fringe Benefits							
Travel and Transportation							
Project Activities							
Sub-grantees/sub-contractors							
Equipment and Supplies							
Other Direct Costs							
Indirect Costs							
<b>TOTAL</b>							

### 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					
<b>TOTAL</b>					

## VIII. Success Stories/Highlights

The ROMP Project created a support group for HIV-positive PWID in the Cebu tri-city area both to support development of a case management approach and service delivery network, and to provide more focused attention to the collective needs and concerns of PWIDs themselves. Eighteen HIV-positive PWID (two of whom are already on ART) participated in the inception meeting in December 2013. Of the remaining 16, nine agreed to undergo CD4 testing in February 2014 as a precursor to starting HIV treatment. Local stakeholders said that bringing in so many PWID is an early sign of success considering their previous difficulties in motivating HIV-positive PWID to undergo CD4 testing. Project staff credit the shift toward positive health-seeking behavior to the interventions instituted during the support group meetings. Staff hope to further extend these positive behavioral shifts to include other services along the HIV cascade, including treatment initiation and retention.

## IX. Communication and Outreach

<b>DOC Activity/Product</b>	<b>Brief Description</b>	<b>Multiplier Effect/ Estimate Reach</b>
Radio Guesting	On March 29, 2014 at around 1:00 PM, the CMC and LGU nurse of Lapu-Lapu City were invited by the Regional GMA network (radio) to a live interaction with other stakeholders working on HIV prevention among PWIDs. They were able to articulate the objectives of the ROMP Project and the activities in place to prevent further increase in HIV prevalence among PWIDs.	The estimated reach of RGMA network (radio) at the specified time slot is 10,000 listeners.