

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

Quarterly Report (Year 2 – Q3)

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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 3 (Y2Q3) 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 period also corresponds to the additional implementation quarter requested by LGU partners to help determine whether the modifications introduced in Q2 which led to initially encouraging increases were sufficient to bring performance back in line with project targets.

For Y2Q3, ROMP met the project targets/milestones on capacity-building and modules/guides development as contained in the ROMP PMP.

For the MSM component, reach and service uptake has increased steadily over FY14 – Q3 and recruitment saw a 51% increase over Q2. The project has also successfully erased the gap between clients tested and those who receive their test result. In addition, analysis of demographic and behavioral data collected through the project indicates that the anticipated population was reached: clients are young (median age of 22), at-risk (74% report no condom use at last anal sex), and underserved (99% had never been reached with HIV prevention or received an HIV test). Clients were also largely recruited from within the Quezon City catchment area (74%). The project also recruited an unexpectedly high proportion of transgender women (42%), who are generally considered at even greater risk for HIV infection.

However, despite systematic efforts to increase project coverage, recruitment continues to be unacceptably low. While the client profile would seem to indicate high risk for HIV infection, and despite the purposive recruitment of several HIV-positive seeds, case finding has been extremely limited. The key reason for the variance in project performance is that peer-driven recruitment has not been successful at either recruiting clients in sufficient numbers, or at identifying a significantly larger percentage of HIV-positive cases, when compared with more traditional recruitment models. The documented increase in uptake has been driven primarily by strengthened efforts by ROMP peer educators to actively recruit seeds, which however, failed to generate subsequent “waves” of recruitment.

Discussions with project implementers revealed some explanations for this failure. The project will further investigate and formally document the reasons as part of a planned project implementation review to take place in Q4. In the meantime, ROMP does not perceive a benefit in continuing to support the peer-driven recruitment model. Distribution of recruitment coupons will be tapered off during FY14 Q4, so that no new coupons are distributed after the end of August, and coupon reimbursement will end as of September 30. In FY14, recruitment into ROMP-supported services will be driven primarily through three channels: walk-in clients through word-of-mouth, referral by other LGU and Global Fund-supported peer outreach workers, and venue-based/online/social media promotion by “testing buddies” supported by the USAID-funded CHANGE project. ROMP will achieve its coverage and service delivery goals through facility-based behavioral counseling using the well-

received Motiv8 model, which will be provided for all clinic clients, and will provide TA to the Global Fund and other partners to further strengthen this model. ROMP also will expand case management services to cover all HIV-positive MSM receiving treatment at Klinika Bernardo, not only those recruited through ROMP.

For the PWID component, coverage and service uptake among PWID in the Cebu Tri-City area increased notably in FY14 Q2 but reached a plateau in Q3 except Mandaue City. Women accounted for 7% of clients recruited (in line with the ROMP gender plan). Clients reported significant HIV risk, including 71% who injected multiple times per day, 78% who shared needles at their last injection, and 86% who did not use a condom the last time they had sex. These reported behaviors contribute to an overall HIV case finding rate of 30% across all ROMP sites.

Having achieved 71% (n=469) of anticipated project coverage for FY14, this project component is on target to achieve anticipated recruitment targets by the end of FY14. However, this improvement was not the result of peer-driven recruitment. New clients were primarily potential “seeds” recruited by facility-based peer educators through organized “PWID parties” which did not go on to recruit additional waves of clients. Reasons for difficulty in recruitment include difficulty ensuring availability of key recruitment incentives (needles and syringes), the ongoing crackdown on drug users being undertaken by local law enforcement, and the general complacency of the target population with regards to HIV risk.

Variance in program performance targeting PWID is due to the failure of the Tri-City social hygiene clinics to deliver test results in a timely manner with the exception of Mandaue City (which in Q3 committed to using the Global Fund supported medical technologist to prioritize processing and returning HIV screening test results within a single visit which resulted to a decline in loss to follow-up from 36% in Q2 to 3% in Q3). Of even greater concern is the failure of the healthcare system in the Tri-City area to efficiently transition HIV-positive clients onto treatment. Of the 141 HIV-positive clients identified through ROMP to date, only 14% (n=20) have received a baseline CD4 test, and only 6% (n=8) have initiated treatment. Discussion with clinical staff and peer educators identified the barriers for treatment and are discussed under the PWID component of this report.

To address these barriers to improving program performance for the PWID component, ROMP recommends the following:

- The peer-driven recruitment model will be tapered off, with no new coupons distributed after August 30 and recruitment incentives discontinued entirely as of September 30. The reasons for the failure of the PDR model will be more fully investigated and formally documented as part of a project implementation review to be conducted in Q4.
- PWID clients will continue to be offered a transportation fee – program staff indicate recruitment is highly unlikely without this fee – which will be harmonized with the transportation incentive provided under the Global Fund program.
- Client recruitment will continue via destigmatization activities and regular “PWID parties” – in addition, all PWID clients referred to collaborating social hygiene clinics will be offered Motiv8 counseling, regardless of referral by ROMP or Global Fund. ROMP will offer technical assistance as needed to strengthen capacity of Global Fund PEs to conduct motivational interviewing.
- The USAID-funded CHANGE project will be an additional source of recruitment and clinic referral, and messages/materials will be integrated into that project’s overall creative approach. This will include collaborating with CHANGE to adapt existing FHI 360 IEC materials for the local market: Hepatitis C, management of ART side effects, and *shabu* (crystal methamphetamine).
- ROMP-supported Case Management Coordinators (CMCs) will be responsible for following up with all HIV testing clients at their respective SHCs, regardless of how these clients were

recruited. CMCs and PEs will aggressively follow-up (with advance consent) on all HIV screening clients, but will prioritize re-engagement of clients with reactive screening tests.

- PWID clients often return to their SHC to collect needles and syringes, but during these follow-up visits fail to reengage with service providers to collect test results. ROMP will coordinate with the SHC and Cebu+ (in Cebu City), to ensure that clients access necessary clinical services **before** they collect prevention paraphernalia, so that this important opportunity is not lost.

At the end of Y2Q3, the ROMP project incurred a burn rate of 41.19%.

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List of Abbreviations

AO	Administrative Order
AMTP	AIDS Medium Term Plan
ART	Antiretroviral Treatment
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CMC	Case Management Coordinator
CMT	Case Management Team
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
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
HIV	Human Immunodeficiency Virus
ICR	Individual Client Record
IR	Intermediate Result
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
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
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 targeting 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 3 (Y2Q3) 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.

III. Accomplishments

ROMP service delivery implementation began in Y2Q1. Client recruitment and enrolment into ROMP interventions during this quarter were slower than expected due to a confluence of factors. Modifications to the recruitment strategy, introduced by ROMP in Q2, led to initially encouraging increases, and project sites requested additional time in Q3 to determine whether the changes were sufficient to bring performance back in line with project targets.

Accomplishments in Y2Q3 for the MSM and PWID components of the ROMP project are presented in the tables below.¹

¹ Some indicator targets and accomplishments were revised based on the provisional PMP dated July 9, 2014.

A. MSM Component

Based on the indicators and targets contained in the ROMP Project provisional Performance Management Plan (PMP) (dated July 9, 2014), the following are accomplishments for the MSM Component for Y2Q3:

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. 2013 IHBSS (Y1) for MSM showed HIV prevalence of 6.6% in Quezon City.
Purpose: Utilization of HIV/AIDS services by MSM increased									
HIV 4: 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)	800	400	39	62	106		207	Q1-Q2 accomplishments were revised to reflect updated definition of indicator. Whereas the previous definition included exposure of clients to 2 motivational interviewing (Motiv8) sessions and the development of a behavioral change plan, the current definition specified that client should have been recruited

									through PDR, underwent at least 1 Motiv8 session, prepared the corresponding behaviour change plan, was offered HCT, provided pre-test counseling and got tested. Targets were likewise revised.
HIV 5: 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	105		205	2 clients have not returned for their confirmatory test results (one from Q2 and another from Q3).
HIV 6: 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%)	2/16x 100= 12.5%	6/18x 100= 33.3%	22/44x 100= 50.0%		30/78x 100= 38.5%	Q1-Q2 accomplishments revised following data cleaning in Q3. 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 MSMs who completed 2 Motiv8 sessions.
HIV 8: C2.4D: Percent of HIV-POSITIVE 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%	4/3x 100= 133.3%	2/4x 100= 50.0%		6/10x100= 60.0%	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. Total HIV-positive = 10 3 HIV-positive in Q1 screened in Q2.
1.3.1 The supply of HIV/AIDS services improved									

HIV 9: 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	3 FB-PE 1 CMC		3 FB-PE 1 CMC	The Klinika Bernardo FB-PEs and CMCs are capable to oversee PDR, conduct Motiv8 sessions, operationalize service delivery network (SDN) referral and TXTBro using the draft guide.
HIV 11: 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 12: 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 14: 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	3 FB-PE 1 CMC		3 FB-PE 1 CMC	
HIV 15: Number of LGUs with ROMP-supported health facilities with available client-acceptable HIV prevention commodities (syringe/needles and condoms and lubricants)		1	1	1	1	1		1	Client preferred condoms and lubricants are already available throughout the quarter in Klinika Bernardo.
HIV 16: Number of modules/guides developed for PDR, facility-based motivational approaches and messaging service	0 (2013)	3 (PDR, Motiv8 and TXTBro)	1	1	1	2		6 (2 completed in Year 1)	<p>Modules/guides developed:</p> <ul style="list-style-type: none"> =Motiv8 training facilitators' guide for facility based MSM PEs =MSM PDR operations manual =CMT Operations Guide/Terms of Reference =Male sexual and reproductive health training modules for Klinika Bernardo staff =Social Hygiene Clinic Information System operations guides (including TXTBro messaging instructions =Service delivery network operations guide for MSM PLHIV services

HIV 17: 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 18: 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	4 Male: 4 Female: 0		16 Male: 13 Female: 3	Also trained, but not counted in the total tally for the indicator were: 1 female in Q1 (Dr. Eleria) and 12 males in Q2-Q3.

1.3.2 The demand of essential HIV/AIDS services strengthened									
HIV 19: C1.1D: Number of eligible adults and children provided with a minimum of one care service	0 (2012)	88	44	3	3	5		11	
HIV 20: Number of MSM recruited through PDR	0 (2012)	1,000	650	39	64	108		211	
HIV 21: Number of MSM reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages	0 (2013)	1,000	650	39	64	108		211	
1.3.3 HIV/AIDS program policies and systems improved									
HIV 22: 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 23: Quezon City government policy issuances	0 (2012)	1	1	0	0	0		0	Indicator target to be completed in Y2Q4.

supporting the implementation of PDR, Motiv8, SDN, MSM text messaging service (TxtBRO) and case management team (CMT) issued									
HIV 24: Number of MSM and PWID HIV-POSITIVE clients referred and managed for all or any of the following: pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions, drug rehabilitation and/or non-health concerns (such as referral to support groups, other psychosocial concerns and others)	0 (2012)	34	16	0	4	2		6	

B. PWID Component

Based on the indicators and targets contained in the ROMP Project provisional PMP (dated July 9, 2014), the following are accomplishments for the PWID Component for Y2Q3:

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%					48%	Figure quoted was HIV prevalence among male PWIDs in Cebu and Mandaue per 2013 IHBSS.
Purpose: Utilization of HIV/AIDS services by PWID increased									
HIV 4: 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)	1,152	664	61 Male: 59 Female: 2	207 Male: 188 Female: 19	200 Male: 190 Female: 10		468 Male: 437 Female: 31	Q1-Q2 accomplishments were revised to reflect updated definition of indicator. Whereas the previous definition included exposure of clients to 2 motivational interviewing (Motiv8) sessions and the development of a behavioral change plan, the current definition specified that client should have been recruited through PDR (except in Cebu City), underwent at least 1 Motiv8 session, prepared the corresponding behaviour change plan, was offered HCT, provided pre-test counseling

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 got tested. Targets were likewise revised.
HIV 5: P11.1.D: Number of PWID who received testing and counseling services for HIV and received their test results	0 (2013)	1,152	664	46 Male: 44 Female: 2	175 Male: 158 Female: 17	166 Male: 157 Female: 9		387 Male: 359 Female: 28	Q1-Q2 accomplishment revised following data cleaning in Q3
HIV 7: Percentage of PWID who did not share needles during last injection increased from 25% in FY 11 to 50% in FY 15	25% (IHBSS, 2011)	50%	40%	$25/31 \times 100 = 80.6\%$	$113/184 \times 100 = 61.4\%$	$85/112 \times 100 = 75.9\%$		$223/327 \times 100 = 68.2\%$	Q1-Q2 accomplishments revised following data cleaning in Q3. The numerator includes all PWIDs who did not share needles during last injection with other PWIDs. The denominator is the number of PWIDs who were exposed to a Motiv8 session.
HIV 8: C2.4D: Percent of HIV-POSITIVE 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%	$0/10 \times 100 = 0.0\%$	$10/67 \times 100 = 14.9\%$	$4/64 \times 100 = 6.2$		$14/141 \times 100 = 9.9\%$	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. HIV +: Q1=10; Q2=67; Q3=64
1.3.1 The supply of HIV/AIDS services improved									
HIV 10: 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	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	9 FB-PE Male: 9 Female: 0 3 CMC Male: 1 Female: 2		9 FB-PE Male: 9 Female: 0 3 CMC Male: 1 Female: 2	The tri-city social hygiene clinics (SHCs) FB-PEs and CMCs are capable to oversee PDR, and conduct Motiv8 sessions. In Q3, the implementers operationalized the SDN and the CMCs has been trained on the PWID text messaging service (TXTBai).

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		
delivery points for management and facilitate HIV-POSITIVE support group sessions.									Likewise the guidebook on the HIV-positive support group has been completed and the support group is meeting regularly.
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches, messaging service and HIV-POSITIVE 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 13: 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.
HIV 14: 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	9 FB-PE Male: 9 Female: 0 3 CMC Male: 1 Female: 2		9 FB-PE Male: 9 Female: 0 3 CMC Male: 1 Female: 2	
HIV 15: 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		1	Despite the non-occurrence of stock-outs during the quarter, needle-syringe distribution is halted from time to time because of legal issues.

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 16: Number of modules/guides developed for PDR, facility-based motivational approaches, messaging service and HIV-POSITIVE PWID support group	0 (2013)	4 (PDR, Motiv8, TXTBai and HIV-POSITIVE support group)	2	0	1	4		8 (3 developed in Year 1)	Modules/guides developed: =Motiv8 training facilitators' guide for FB PWID PEs =Stigma Reduction and IDU Desensitization training design for SHC clinic staff =PWID PDR operations manual =CMT Operations Guide/Terms of Reference =Social Hygiene Clinic Information System operations guides (including TXTBai messaging instructions =Service delivery network operations guide for PWID PLHIV services =HIV-POSITIVE PWID support group operations guide =ROMP Project training database guide
HIV 17: 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 18: Number of PWID FB-PEs, CMCs/support group facilitator and Tri City SHC organic staff who received post-training/post-orientation	38 (2013)	23 Male: 11 Female: 12	23 Male: 11 Female: 12	11 Male: 6 Female: 5	4 Male: 3 Female: 1	0 Male: 0 Female: 0		15 Male: 9 Female: 6	Also trained, but not counted in the total tally for the indicator were: 1 female and 13 males.

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		
mentoring and coaching									
1.3.2 The demand of essential HIV/AIDS services strengthened									
HIV 19: C1.1.D: Number of eligible adults and children provided with a minimum of one care service	0 (2012)	662	382	11 Male: 10 Female: 1	69 Male: 61 Female: 8	65 Male: 60 Female: 5		145 Male: 131 Female: 14	HIV +: Q1=10; Q2=67; Q3=64
HIV 20: Number of PWID recruited through PDR	0 (2012)	720	441	47 Male: 45 Female: 2	95 Male: 94 Female: 1	106 Male: 101 Female: 5		248 Male: 240 Female: 8	
HIV 21: Number of PWID reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages and/or PWID HIV-POSITIVE support group sessions	0 (2013)	1,440	650	64 Male: 62 Female: 2	230 Male: 207 Female: 23	214 Male: 203 Female: 11		508 Male: 472 Female: 36	1 PWID in Cebu City have not undergone Motiv8 yet. Total number of ROMP clients in Q3 is 509, broken down as follows: Cebu City = 261 Lapu-Lapu City = 75 Mandaue City = 173 TOTAL = 509
1.3.3 HIV/AIDS program policies and systems improved									
HIV 22: 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 23: Local government policy issuances supporting the implementation of PDR, Motiv8, SDN, TxtBAI. CMT and the	0 (2012)	3	1 (Cebu City)	0	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		
operationalization of an HIV-positive support group for PWIDs issued									
HIV 24: Number of PWID HIV-POSITIVE clients referred and managed for all or any of the following: pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions, drug rehabilitation and/or non-health concerns (such as referral to support groups, other psychosocial concerns and others)	0 (2012)	236	132	3 Male: 3 Female: 0	10 Male: 8 Female: 2	8 Male: 6 Female: 2		21 Male: 17 Female: 4	HIV +: Q1=10; Q2=67; Q3=64

IV.Reasons for Variances in the Performance

For Y2Q3, ROMP met the project targets on capacity-building and modules/guides development. While client recruitment had steadily increased until Q3, these increases were not enough and are unlikely to catch-up with the targets for Year 2. The table below enumerates the number of clients recruited to date by city.

MARP	City	Year 2 target	Clients recruited	% Accomplished
MSM	Quezon	650	211	33
PWID	Cebu	439	261	59
	Lapu-Lapu	208	75	36
	Mandaue	233	173	74

Given the low levels of client recruitment, the targeted number of HIV-positive clients to be identified was not reached. Consequently coverage of HIV cascade services is also low, including TB screening and provision of one care service for HIV-positive clients, their sex partners, co-injectors (for PWIDs), family members and caregivers. A specific discussion on reasons for these variances in performance, as well as recommendations for addressing the variances, is included below, by program component.

A. MSM in Quezon City

Reach and service uptake has increased steadily over FY14 – Q3 and recruitment saw a 51% increase over Q2, despite several weeks of service interruption while the clinic underwent repairs including repainting, repair/installation of windows and doors, and was rewired for air conditioning. The project has also successfully erased the gap between clients tested and those who receive their test result. In addition, analysis of demographic and behavioral data collected through the project indicates that the anticipated population was reached: clients are young (median age of 22), at-risk (74% report no condom use at last anal sex), and underserved (99% had never been reached with HIV prevention or received an HIV test). Clients were also largely recruited from within the Klinika Bernardo catchment area (74%). Finally, the project recruited an unexpectedly high proportion of transgender women (42%), who are generally considered at even greater risk for HIV infection.

However, despite systematic efforts to increase project coverage, recruitment continues to be unacceptably low. Additionally, while the client profile would seem to indicate high risk for HIV infection, and despite the purposive recruitment of several HIV-positive seeds, case finding has been extremely limited.

The key reason for the variance in project performance is that peer-driven recruitment has not been successful at either recruiting clients in sufficient numbers, or at identifying a significantly larger percentage of HIV-positive cases, when compared with more traditional recruitment models. The documented increase in uptake has been driven primarily by strengthened efforts by ROMP peer educators to actively recruit clients. Following recommendations made in Q2, the number of active seeds was doubled (from 12 to 24); however, almost all of these seeds failed to generate subsequent “waves” of recruitment.

Based on discussions with project staff and clients, explanations for this failure include that:

- (1) The monetary recruitment incentive is insufficient to motivate the target population, roughly ½ of whom are currently employed

- (2) Klinika Bernardo clinic hours restrict accessibility for some potential clients (e.g. call center agents), who work primarily in the evening when the clinic is opened
- (3) Some community recruiters have social networks primarily outside of the Klinika Bernardo catchment area, and traffic/transportation difficulties limit their ability to travel to the clinic
- (4) Newly diagnosed PLHIVs refused to serve as seeds when asked to recruit their sexual partners or friends because they are not yet ready to disclose their HIV status, and are also struggling to cope with psychosocial challenges associated with knowing their serostatus.

With regards to low case finding, it has been suggested that the monetary incentive scheme may have induced participants to exaggerate their risk behaviors to qualify for incentives, thus explaining the low case finding rates; however, unprotected sex was not a recruitment criteria. It is additionally unlikely that incentives were simultaneously high enough to motivate clients to lie, and too low to motivate recruitment. Social desirability bias is, of course, also a factor with self-reported behavioral data, but this would be expected to underestimate risk rather than overestimate it.

The project will further investigate and formally document the reasons for the failure of the PDR as part of a planned project implementation review to take place in Q4. In the meantime, ROMP does not perceive a benefit in continuing to support the peer-driven recruitment model. Distribution of recruitment coupons will be tapered off during FY14 Q4, so that no new coupons are distributed after the end of August, and coupon reimbursement will end as of September 30.

In FY14, recruitment into ROMP-supported services will be driven primarily through three channels: walk-in clients through word-of-mouth, referral by other LGU and Global Fund-supported peer outreach workers, and venue-based/online/social media promotion by “testing buddies” supported by the USAID-funded CHANGE project. ROMP will achieve its coverage and service delivery goals through facility-based behavioral counseling using the well-received Motiv8 model, which will be provided for all clinic clients, and will provide TA to the Global Fund and other partners to further strengthen this model. ROMP also will expand case management services to cover all HIV-positive MSM receiving treatment at Klinika Bernardo, not merely those recruited through ROMP.

B. PWID

Coverage and service uptake among PWID in the Cebu Tri-City area increased notably in FY14 Q2, but reached a plateau in Q3 (Mandaue is an exception to this trend). Women accounted for 7% of clients recruited (in line with the ROMP gender plan). Clients were somewhat older (mean age 29.9 years), educated (66.6% had least some secondary education) and had sources of income (65% reported employment, though this was often in the informal sector). Clients also reported significant HIV risk, including 71% who injected multiple times per day, 78% who shared needles at their last injection, and 86% who did not use a condom the last time they had sex. These reported behaviors contribute to an overall case finding rate of 30% across all ROMP sites.

Having achieved 71% (n=469) of anticipated project coverage for FY14, this project component is on target to achieve anticipated recruitment targets by the end of FY14. However, based on discussion with project implementers, this improvement was not the result of peer-driven recruitment. New clients were primarily potential “seeds” recruited by facility-based peer educators through regularly organized “PWID parties” – these seeds did not go on to recruit additional waves of clients. Key reasons for difficulty in recruitment may include difficulty ensuring availability of key recruitment incentives (needles and syringes), the ongoing crackdown on drug users being undertaken by local law enforcement, and the general complacency of the target population with regards to HIV risk.

The key reason for continued variance in program performance targeting PWID is the failure of the Tri-City social hygiene clinics to deliver test results in a timely manner. Among all PWID screened for HIV, 18% (n=84) failed to receive their test result – 8 of whom were reactive. The exception to this

situation was Mandaue City, which in Q3 committed to using Global Fund support to hire an additional medical technologist whose priority was processing and returning HIV screening test results within a single visit – at that clinic, loss to follow-up declined from 36% in Q2 to 3% in Q3.

Of even greater concern is the failure of the healthcare system in the Tri-City area to efficiently transition HIV-positive clients onto treatment. Of the 141 HIV-positive clients identified through ROMP to date, only 14% (n=20) have received a baseline CD4 test, and only 6% (n=8) have initiated treatment. While it is unknown how many of those clients with no CD4 baseline are eligible for treatment, among those who were tested the average CD4 count was 312.7mm³, suggesting that PWID continue to be diagnosed well after they would be eligible for treatment initiation under current WHO and Philippine DoH guidelines. Based on discussions with clinical staff and peer educators, the key barriers to treatment are:

- (1) There is currently only one laboratory in the Tri-City area conducting CD4 testing and it processes tests only every last Friday of the month, accepting up to 10 samples from PWID clients (out of total of 20) per month as the remaining slots are allocated for MSM and FSW.
- (2) The laboratory additionally requires that blood samples for CD4 testing be collected early in the morning on the day of the test, which is an unrealistic expectation for many PWID clients.
- (3) Many PWID are reluctant to initiate ART due to widespread concerns about the severity, duration and management of ART side effects.
- (4) There is limited funding available to cover the various costs associated with pre-ART staging and treatment initiation, and many PWID clients cannot afford to pay these costs themselves.

To address these barriers to improving program performance, ROMP recommends the following:

- The peer-driven recruitment model will be tapered off, with no new coupons distributed after August 30 and recruitment incentives discontinued entirely as of September 30. The reasons for the failure of the PDR model will be more fully investigated and formally documented as part of a project implementation review to be conducted in Q4.
- PWID clients will continue to be offered a transportation fee – program staff indicate recruitment is highly unlikely without this fee – which will be harmonized with the transportation incentive provided under the Global Fund program.
- Client recruitment will continue via destigmatization activities and regular “PWID parties” – in addition, all PWID clients referred to collaborating social hygiene clinics will be offered Motiv8 counseling, regardless of referral by ROMP or Global Fund. ROMP will offer technical assistance as needed to strengthen capacity of Global Fund PEs to conduct motivational interviewing.
- The USAID-funded CHANGE project will be an additional source of recruitment and clinic referral, and messages/materials will be integrated into that project’s overall creative approach. This will include collaborating with CHANGE to adapt existing FHI 360 IEC materials for the local market: Hepatitis C, management of ART side effects, and *shabu* (crystal methamphetamine).
- ROMP-supported Case Management Coordinators (CMCs) will be responsible for following up with all HIV testing clients at their respective SHCs, regardless of how these clients were recruited. CMCs and PEs will aggressively follow-up (with advance consent) on all HIV screening clients, but will prioritize re-engagement of clients with reactive screening tests.
- PWID clients often return to their SHC to collect needles and syringes, but during these follow-up visits fail to reengage with service providers to collect test results. ROMP will coordinate with the SHC and Cebu+ (in Cebu City), to ensure that clients access necessary clinical services **before** they collect prevention paraphernalia, so that this important opportunity is not lost.

Additional, site-specific recommendations are detailed below.

B1. Cebu City

Cebu City is the ART treatment hub for the Tri-City area, and primarily responsible for the management of CD4 screening. However, service provision at this site is split among three different entities (ROMP, SHC and Cebu+) with poor information sharing and coordination. ROMP will support the SHC to maintain a central client database (with individual, electronic client records) for all clients; ROMP will track clients from this database.

To address the low rates of CD4 testing among HIV-positive PWID (to include those coming from Lapu-lapu and Mandaue), ROMP will arrange overnight PWID events as part of HIV positive PWID support group activities, immediately after which blood can be drawn for CD4 testing. This is, however, considered a temporary solution. The Cebu City Social Hygiene Clinic has access to a performance-based grant (PBG) provided by the local government which must be used before the end of the calendar year. ROMP will advocate for the dedication of these funds to purchase a point-of-care CD4 testing machine to be located on-site. This would greatly benefit not only Cebu City clients, but also those from Lapu-Lapu and Mandaue who are referred to Cebu City for ART staging.

B2. Lapu-Lapu City

Lapu-Lapu has notably underperformed both in terms of coverage and HIV case finding. There is, however, a lack of clarity regarding the actual size of the PWID population in Lapu-Lapu, with two separate population size estimates producing widely varying results. ROMP has recommended to the city health officer that the PBG for this site be used to conduct a barangay-by-barangay enumeration of PWID across Lapu-Lapu. ROMP will provide technical assistance to conduct this enumeration, and newly discovered clients will be referred to the Lapu-Lapu SHC for behavioral counseling and testing. Monthly PWID parties will also continue as an additional source of recruitment.

B3. Mandaue City

By initiating same-day delivery of HIV screening results, Mandaue City in Q3 achieved the highest test notification rate across all ROMP sites; however, this site also had the lowest percentage of tested clients re-engaged in behavioral counseling or other services during a follow-up visit (50%). This is driven at least in part by the city health officer's continued reservation to allow distribution of needles and syringes (a key incentive for PWID clients) through the social hygiene clinic. Clients who wish to access needles must do so at the Cebu City SHC, which for many clients entails significant transportation costs and travel time and which – due to the Cebu SHC's decision to distribute only 3 needles at a time – must be repeated multiple times per week. While ROMP does not control needle-distribution policy at the City Health Office, the project will continue to advocate for a relaxation of this policy.

Additionally, ROMP will collaborate with Global Fund to pilot the provision of mobile VCT as an additional service-delivery option to reach PWID who continue to resist attending the SHC. Testing will be offered through the already underway PWID parties organized by ROMP; Global Fund supports an additional medical technologist qualified to deliver mobile testing.

V. Milestone, Key Tasks, and Activities

Annexes A and B contain the Y2 activity matrices for the ROMP Project.

For the **MSM component**, the activity highlights in Y2Q3 and planned activities in Y2Q4 are as follows:

Prevention and Education:

Mentoring on HIV Disclosure Counselling. Disclosing HIV status to significant others (family, partners, friends or colleagues) is a difficult decision to make for many HIV-positive MSM for various reasons including subsequent disclosure of sexual orientation, admission of infidelity, stigmatization and possible discrimination. PLHIVs, however, are encouraged to disclose their serostatus when they are ready as this paves the way for them joining support groups, accessing HIV treatment and care services. They can also refer their sex partners, family members and caregivers for care services.

To help build the capacity of health workers in developing clients' readiness to disclose, ROMP organized a one-day workshop on April 23, 2014 attended by Quezon City contractual PEs, CMCs, physicians and other QCHD staff. The session provided insights into the specific needs of recently diagnosed HIV-positive people, ranging from bio-medical, psychosocial, economic, and legal concerns and questions about alternative therapies. Resource persons for the workshop, drawn from among Service Delivery Network agencies, included Mr. Eddy Razon of the Pinoy Plus Association, Inc. and Ms. Gerlita Enrera-Condino of The Camillian Father's Woodwater Center for Healing.

Refresher Course on Motivational Interviewing. ROMP staff conducted a refresher training on use of the Motiv8 interpersonal communications framework from June 26-28, and 30, 2014. Staff arranged the training in response to the observed need of FB-PEs and CMCs for added inputs and practice on the key motivational interviewing skills and techniques. ROMP also included Global Fund outreach peer educators and Site Implementation Officers (SIOs) in response to the Quezon City Health Officer's directive that Motiv8 should be offered to all clients seeking services in Klinika Bernardo. Twenty-five participants (21 males and two females) successfully completed the refresher course, contributing to Indicator HIV 18: Number of MSM and PWID PE, CMC /support group facilitator and Klinika Bernardo and the Tri City SHC organic staff who received post-training/post-orientation mentoring and coaching.

In Q4, ROMP staff will intensify Motiv8 mentoring and coaching for Klinika Bernardo implementers and staff of the other four Quezon City SHCs per request of the Quezon City STI/HIV and AIDS Coordinator, who has directed that all SHCs will implement Motiv8 to strengthen behavioral counseling for high-risk clients.

ROMP will conduct additional mentoring and coaching activities for Klinika Bernardo staff, PEs and CMCs in conjunction with the MSM/TG Interest Group Meetings. These meetings will be scheduled twice monthly at Klinika Bernardo and will target topics of interest to MSM/TG clients as indicated during Motiv8 sessions. Currently planned topics include:

1. Satisfying but safe sexual practices to avoid STIs
2. Understanding the anatomy of pleasure and engaging in safer oral sex.
3. Understanding the anatomy of pleasure and alternatives for anal sex and rimming
4. *Transganda*: understanding the body in the context of hormonal therapy and other beauty modifications

5. Tips and tricks for safe cusing
6. Hot, happy, and healthy MSM/TG relationships

Interest group meetings will be promoted through clinical services and via SMS and ROMP's existing social media profiles. These meetings are intended both as a way to reengage existing clients for repeat testing and other services, and as a way to extend reach to new clients.

Diagnosis of HIV, STI and TB:

Development of action plan for male sexual and reproductive health services in Klinika Bernardo.

Following an introductory training course on "Male Sexual and Reproductive Health Services" already conducted in Q2, ROMP convened a meeting on April 23, 2014 to plan for the integration of male sexual and reproductive health services at Klinika Bernardo. Participants identified the package of SRH services to be made available at Klinika Bernardo and prioritized services for phased introduction considering current capacity and available resources. These additional services will include management of genital/anal warts, digital rectal examination for benign prostatic hypertrophy (BPH) and prostate CA, circumcision, family planning, prevention of mother to child transmission of HIV (PMTCT), and to also include TB screening and treatment and common dermatological disorders. A follow-up meeting was later convened to finalize the plan. Annex C contains the draft *Action Plan for Integration of MSRH services in Klinika Bernardo*.

Orientation of SDN members on the referral system to ART hubs, TB centers, support groups and other health and non-health services. The ROMP Project supported a facilities tour and orientation for SDN member agencies to familiarize them with facilities and services provided by each agency, including standard operating procedures for referral, and to provide an opportunity for service providers and HIV/AIDS Core Team members to meet and discuss their work.

The three-day activity started on May 15, 2014 in San Lazaro Hospital, where a total of 22 participants (includes 2 PNGOC staff) visited the HIV-OPD and in-patient ward, as well as the STD/AIDS Central Cooperative Laboratory. Participants also joined in an AIDS Candlelight Memorial observance during the visit. Klinika Bernardo visit was the final leg in the last day of the tour conducted last May 21, 2014. Participants visited all SDN member agencies except the East Avenue Medical Center, because of a scheduling conflict. Annex D contains the facility tour activity design.

In Q4, the following activities are planned to be implemented:

Donors' meeting to mobilize resources for Klinika Bernardo. ROMP previously provided assistance to develop a strategic plan for Klinika Bernardo. In Q4, the project will hold a Donors' Meeting to mobilize resources for implementing this plan. Project staff drafted an activity design together with the Quezon City Health Department, and exploratory discussions are underway with UNAIDS and Pilipinas Shell Foundation for possible co-sponsorship of the Donors' Meeting.

ROMP will additionally explore collaboration with the CHANGE Project for branding and promotion strategies for Klinika Bernardo to support the resource mobilization activity.

Case Management:

Establishment of Klinika Bernardo as "Satellite ART Clinic". ROMP provided technical assistance to help Klinika Bernardo comply with requirements to operate as a satellite ART Clinic. Activities conducted included:

1. Review of the DOH-NASPCP assessment checklist for Sattelite ART Clinics, including recommended actions for compliance by Klinika Bernardo.
2. Assistance to QCHD in identifying priority physical improvements and system enhancement requirements at Klinika Bernardo. This helped address the weak filing and recording system identified in an earlier facility assessment and resulted in strengthened records security to avoid potential breaches of confidentiality.
3. Introduction of an Oath of Confidentiality form to be signed by all KB staff to heighten their consciousness of the need to safeguard the confidentiality of client information.
4. Development of a client flow chart to promote orderly and systematic movement of clients accessing services.
5. Design and procurement of outdoor, light-up signage so that Klinika Bernardo can be easily located by clients traveling along EDSA, especially at night.
6. Consultation meeting with Dr. Judy Gilda S. Martinez, QCHD Field Operations Chief, to plan for accreditation of Klinika Bernardo as a satellite ART treatment hub by PhilHealth.
7. Assistance facilitating a meeting appointment with PhilHealth-NCR representatives.

With assistance from ROMP, Klinika Bernardo currently hopes to receive Department of Health accreditation as an ART hub by the end of July, after which they can apply for PhilHealth accreditation, which they anticipate securing by the end of the calendar year.

Conduct of Case Management Team Meetings. The CMT met regularly as planned to discuss selected cases received in the clinic. Minutes of meetings are in Annex E. Ms. Gerlita Andino-Enrera of the Woodwater Center for Healing continued to provide psychosocial services in Klinika Bernardo every 2nd Wednesday of the month and also on an on-call basis. Collaboration with the Woodwater Center also satisfies Klinika Bernardo's need for an accredited HIV counsellor/social worker to act as eligible guardian for minor clients (17 years old below) who wish to access clinic services.

Development of an SMS-based messaging service (TXTBro). ROMP held an MSM HIV Communication Workshop in collaboration with the CHANGE Project on April 8, 2014. Participants included DOH, Quezon City Health Department, KB and ROMP staff and MSM and TG community representatives. Participants developed an MSM message house to guide message development and creative executions for MSM HIV communications, and identified suitable touch points, including text messaging (TXTBro). After this workshop, ROMP and QCHD helped to recruit participants for a series of online focus group discussions facilitated by CHANGE to further inform the promotional plan being developed by the CHANGE project.

TXTBro aims to help maintain contact with enrolled clients after their initial visit to Klinika Bernado. Bi-monthly messages delivered to clients are segmented according to serostatus and includes reinforcement key behaviour change messages (on condom use, repeat testing after 6 months for non-reactive clients, pre-ART work-up), and inform clients of new services and upcoming events. Messages were sent thru TXTBro to a total of 211 clients, each receiving from 3-5 messages to date, depending on their date of enrolment to the interventions.

In Q4, ROMP and CHANGE will finalize the MSM HIV Communication Plan, including detailed implementation arrangements. ROMP will also explore implementation of the text messaging service in the four other Quezon City SHCs following an expression of interest from the City Mayor.

Strengthening Advocacy for Program Support:

As follow-up to the midterm review of the 5th AIDS Medium-Term Plan (2011-2016 Philippine Strategic Plan on HIV and AIDS) conducted in 2013, in June the Philippine National AIDS Council Secretariat convened a Consultative Workshop on the Definition of Quality Measures in Minimum Packages of HIV Intervention for Key Affected Populations. ROMP participated in this workshop and presented key components of the MSM project (facility-based Motiv8 sessions, case management, and development of a male-friendly SRH services clinic) to be considered as part of the minimum package of interventions for MSM. The meeting had particular interest in Klinika Bernardo's experience in MSM service delivery. ROMP was requested to further assist the PNAC Secretariat in refining and finalizing the report of the workshop.

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

ROMP staff anticipated developing the overall structure of the MSM CPS operational guide during Q3; however, this task was deferred as the project focused on determining whether planned modifications to the peer-driven recruitment model would result in sufficiently increased client recruitment and service delivery to merit recommending this model as part of a comprehensive package of services. As this recruitment method seriously underperformed in comparison to traditional, venue-based recruitment, PDR will not be recommended for replication. Reasons for the failure of this model will be investigated as part of a planned implementation review in Q4, and findings will be documented as lessons learned. Standard Operating Procedures for other components of the ROMP model will be prioritized in Q4.

Managing Transition and Promoting Sustainability of Interventions:

ROMP staff planned to begin providing technical assistance to project sites in preparing the LGU transition and sustainability plan. This was further deferred given project partners are still implementing adjustments in peer-driven recruitment and closely monitoring if this approach will work. This activity will be implemented in Q4. Also in Q4, staff will hold consultation meetings to draft the LGU and DOH policy/administrative issuances supporting implementation of the CPS model.

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

- Male sexual and reproductive health training for Klinika Bernardo staff
- Operational guide for CMT and SDN operations
- MOU among SDN member agencies signed and MSM SDN services ongoing
- Operational guide for TXTBro (part of the guide for MSM database management)

The following milestones will be completed in Q4:

- SBC Implementation plan and key messages for MSM, which will be completed in collaboration with the CHANGE project.

Project Development and Management Activities in Q4:

The following project development and management activities are planned in Q4:

ROMP-MSM Component Year 3 Operational Planning Workshop. An annual operational planning workshop will be scheduled with the QCHD and other partners to prepare a detailed city-level AIP for

the MSM CPS model, taking into account the final modifications and enhancement introduced in the model.

Project Implementation Review for the MSM Component. With the project now entering its final year of implementation, the previously deferred mid-project assessment will be modified into a project implementation review and will be conducted in tandem with the PWID component. The objectives of the review are as follows:

- a. Review overall progress of project implementation vis-a-vis project phasing, planned activities, milestones (products developed) and budget utilization;
- b. Assess implementation of piloted components of the MSM and PWID CPS models and determine the effectiveness of these models;
- c. Investigate specifically reasons for the failure of peer-driven recruitment to generate the expected waves of clients, and to identify HIV-positive MSM;
- d. Propose refinements or adjustments to further strengthen the models; and
- e. Identify additional inputs and assistance to help ensure sustainability of the models being tested.

For the **PWID component**, Y2Q3 activities that had been initiated or completed are:

Prevention and Education:

Community Desensitization and PWID “parties”. Strong negative public perception on injecting drug use behavior and drug users prevails in the communities. Moreover, recent intensified campaigns of law/drug enforcement agencies is also driving PWIDs further underground. Consequently, reaching PWIDs in the communities for HIV prevention activities remains difficult.

To help identify and recruit community recruiters (seeds) as part of PDR, ROMP conducted three community desensitization and PWID “parties” in Mandaue and Lapu-Lapu. ROMP coordinated with local officials of Canduman, Pulang-bato and Pajo (perceived to have a significant number of PWID residents) to secure their permission and support to hold community assemblies to help raise awareness of the growing HIV epidemic, the HIV risks associated with injecting drug use, destigmatization of injecting drug users, and provision of information on the current efforts of the city to prevent HIV transmission and provide treatment and care for PLHIV, including ROMP activities. The activities aimed to build trust with the PWID community in the area to help allay their fears about potential arrests and to help encourage their participation in HIV interventions. Minutes of the Community Orientation activities held in Q3 are in Annex F.

In Q4, ROMP will hold additional community desensitization activities in the following sites: Kalunasan, Tagunol, and Inayawan in Cebu City; Green Hills, Sunny Hills, Pulang Bato, Pit-os in Mandaue City; and, Basak, Seaside Pajo, Ibo and Abuno, Pajac in Lapu-Lapu City.

Motiv8 training for Outreach PEs in Mandaue City. The Mandaue City Health Officer has directed that all PWIDS arriving at the City Health Office should receive a Motiv8 counseling session, whether they were recruited through Global Fund or ROMP. Global Fund outreach PEs, however, have not been previously trained to conduct Motiv8. ROMP organized and conducted Motiv8 training for GF outreach PEs (5 PEs along with their SIO and Nurse completed the training) from June 9-13, 2014. Replacement ROMP facility-based PEs and CMCs also participated in this training. The training report is in Annex G.

In Q4, ROMP will provide post-training mentoring and coaching for all FB PEs, and will include outreach PEs in Mandaue to further enhance their competence in conducting the Motiv8 sessions among their PWID clients.

Diagnosis of HIV, STI and TB:

Launching of the SDN for PLHIV in the Cebu tri-city. ROMP launched the Service Delivery Network for PLHIVs in the Cebu tri-city area on May 15, 2014 with the signing of an MOU among member agencies and organizations. The event was one of the highlights of the Regional AIDS Summit in Central Visayas, organized by DOH-CHD 7. Mayor Michael Rama of Cebu City and Mayor Jonas Cortes of Mandaue City expressed support for the operationalization the SDN and signed the MOU for their respective cities. Mayor Paz Radaza of Lapu Lapu City was represented the City Health Officer, Dr. Rodolfo Berame. The heads of 11 member organizations also signed the MOU. More than 100 tri-city stakeholders and guests participating in the Regional AIDS Summit witnessed the launch.

The other highlight of the Regional AIDS Summit was the awarding of the DOH HIV Performance-Based Grants (PBG) to the tri-city area to support key interventions activities. ROMP highlighted the opportunity for the PBGs to leverage ROMP initiatives, including support for the operationalization of the SDN and strengthening of PLHIV case management.

In Q4, ROMP will consult with the Health Policy Development Project (HPDP 2) to seek guidance on the development and operationalization of HIV PBGs, given their experience in managing MNCH grants. DOH-NASPCP through the DOH Regional Office 7 plans to award separate grants for Cebu, Lapu-lapu and Mandaue to help support HIV prevention activities in their localities . ROMP will then provide technical assistance to the tri-city in identifying strategic activities to be included in their respective PBG proposals.

SDN for PLHIV in the Cebu tri-city Area Facility Tour. As in Quezon City, ROMP will organize a tour for SDN members to visit key health facilities in the tri-city area. This tour will familiarize SDN members with the facilities and services at each member agency, including standard operating procedures for referral, and will also provide an opportunity for service providers and members of the hospital-based HIV/AIDS Core Teams to meet.

Case Management:

Conduct of Case Management Team Meetings. During Q3, the CMTs in each city met regularly, as planned, to review and discuss management of problematic PWID cases to resolve client difficulties and support client retention and treatment adherence. Minutes of the CMT meetings are in Annex H.

Operationalization of SMS-based SBC messaging service (TXTBai). When a client is enrolled into ROMP, an Individual Client Record (ICR) is created to documents the client's clinical history. The project previously engaged myClick Technologies Inc. to develop and test a database software package for managing ICR data and linking clients into the text messaging service. While the myClick software package could easily provide the required text messaging functionality, LGU implementers reported the interface was too difficult and requested more user-friendly software that they could use for data analysis. EpilInfo was chosen to create the PWID database because (1) local partners are familiar with the interface; and (2) it is freely available.

ROMP developed the EpiInfo-based PWID database starting with the review and finalization of the PWID ICR forms that served as bases for developing the .qes, .rec and .chk EpiInfo datafiles. Other activities completed in Q3 were:

1. Design (and conduct) of orientation activity for CMCs and other encoders on entering and editing data and simple data analysis (Annex I)
2. Encoding of datasets in the new database software for each city.
3. Drafting of the PWID SHC EpiInfo Operational Guide for the database-user (Annex J). This guide also contains the instructions on how to operate TXTBai.

In Q4, ROMP will finalize the *PWID SHC EpiInfo Operational Guide*, and will provide orientation and on-going mentoring for the CMCs on data encoding, cleaning and simple data analysis.

Care and Support:

Strengthening Capacity of the HIV-positive PWID Support Group. ROMP staff conducted a three-day training in April for members of the previously-established HIV-positive PWID Support Group in Cebu City. The goal of the training was to enhance support group members' knowledge on HIV and AIDS, Hepatitis and TB, including basic harm reduction skills, and to encourage disclosure of HIV serostatus to partners. Support group members felt that after this training, they are more equipped to discuss and respond to questions from new members joining the support group.

Development of the Operational Guide for the HIV-positive PWID Support Group in Cebu Tri-City. ROMP also engaged a consultant to develop an operation guide for HIV-positive PWID support groups. Consultations with support group members helped inform the development of this guide, which aims to assist other LGUs planning to organize similar groups. Annex K contains the operational guide, which includes guidance for CMCs in facilitating group activities.

In Q4, ROMP will conduct the following activities:

1. Consultation meeting with DOH and LGU (including CMT) to finalize the HIV-positive PWID Support Group Operational Guidelines.
2. Orientation and mentoring of CMCs on the use of the operational guide.
3. Training of peer support group members on organizational development.

Strengthening BCC Programming:

Development of PWID Messages and Identification of Potential Touchpoints. From May 16-17, 2014, ROMP worked with the CHANGE Project to conduct focus group discussions among PWIDs to test the acceptability and effectiveness of messages and to identify appropriate and relevant touchpoints. Three sessions were held, each with six purposively selected participants: (1) female PWID, (2) male HIV-positive PWID, and (3) male HIV-negative or unknown status PWID. The sessions were observed by FHI 360, Campaigns and Grey of the CHANGE Project and USAID (Mr. Derek Golla) through a closed-circuit television monitor.

In Q4, the FGD results will be analysed by the CHANGE Project for use in drafting prototype messages/materials which will again be pre-tested among PWIDs.

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

ROMP staff anticipated developing the overall structure of the PWID CPS operational guide during Q3; however, this task was deferred as the project focused on determining whether planned modifications to the peer-driven recruitment model would result in sufficiently increased client recruitment and service delivery to merit recommending this model as part of a comprehensive package of services. As this recruitment method seriously underperformed in comparison to traditional, venue-based recruitment, PDR will not be recommended for replication. Reasons for the failure of this model will be investigated as part of a planned implementation review in Q4, and findings will be documented as lessons learned. Standard Operating Procedures for other components of the ROMP model will be prioritized in Q4.

Managing Transition and Promoting Sustainability of Interventions

ROMP provided technical assistance to Lapu-lapu and Mandaue City in developing their Performance Based Grants proposals (drafts attached as Annex L and M).

ROMP will also need to further broker technical assistance from HPDP2 to DOH-Regional Office 7 for the overall development and management of the HIV PBG scheme. These will be prioritized in Q4, including the consultation meetings to draft the LGU and DOH policy/administrative issuances supporting the implementation of the CPS model.

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

- Operational guide for CMT and SDN operations
- MOU among SDN member agencies signed and SDN services ongoing
- Operational guide for HIV-positive support group
- Operational Guide for TXTBai (part of the guide for PWID database management)

The following milestones will be completed in Q4:

- SBC implementation plan and key messages for PWID, which will be finalized in collaboration with the CHANGE project.

Project Development and Management Activities in Q4:

The following project development and management activities are planned in Q4:

ROMP-PWID Component Year 3 Operational Planning Workshop. ROMP will schedule an annual operational planning workshop with the Tri-city partner other stakeholders to prepare a detailed city-level AIP for the PWID CPS model, taking into account the final modifications and enhancements introduced into the model.

Project Implementation Review for the PWID Component. With the project now entering its final year of implementation, the previously deferred mid-project assessment will be modified into a project implementation review and will be conducted in tandem with the MSM component. The objectives of the review are as follows:

- a. Review overall progress of project implementation vis-a-vis project phasing, planned activities, milestones (products developed) and budget utilization;
- b. Assess implementation of piloted components of the MSM and PWID CPS models and determine the effectiveness of these models;

- c. Investigate specifically reasons for the failure of peer-driven recruitment to generate the expected waves of clients, and to identify HIV-positive PWID;
- d. Propose refinements or adjustments to further strengthen the models; and
- e. Identify additional inputs and assistance to help ensure sustainability of the models being tested.

VI. 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. Technical	Incentive scheme for PDR is not enough to attract young, working-class MSM	Modify the model by tapering off the incentive scheme and introduce outreach-based recruitment strategies to reach MSMs at highest risk in collaboration with the CHANGE Project	
	Increase in client coverage and service uptake not due to increases in peer driven recruitment		
	Low HIV case finding from both the gay- identified and TG clients recruited and enrolled in the ROMP interventions		Strengthen skills of PEs in promoting disclosure to partners by HIV-positive MSM Invite partners of HIV-positive MSM to interest group meetings and link them to clinic services particularly HCT
	Some questions in the ICR are sensitive and potentially alienating and could serve as a barrier for developing rapport with and comfort of clients before the Motiv8 session gets started	Identification of the sensitive questions in the ICR CMCs requested to defer asking the identified sensitive questions until after the Motiv8 session is completed	
	Aggressive follow-up of HIV-positive PWID in the community and related disclosure of HIV status PEs are not supposed to know the client's HIV status without their consent	Clients to be routinely asked for consent for PEs to follow-up with them (which means PEs will get to know their HIV status) in case they are unable to come back for their test results.	

		Track the degree to which this results in client refusal.	
2. Management	Need for standardized HIV interventions for clients within the same facility: a. Conduct Motiv8 sessions	Other LGU PEs and GF SIO trained to conduct Motiv8 sessions for their own clients	ROMP FB PEs to assist in conducting Motiv8 sessions for other clients received in KB ROMP to provide monitoring/mentoring of other LGU and GF SIO on Motiv8
	b. PLHIV case management	Coordination with GF SIOs in Quezon City to participate in the CMT meetings CMT Chair to include in the CMT meeting agenda the review of PLHIV cases recruited and followed up by GF PEs	
	Data collection systems of ROMP, GF and walk-in clients in KB are not linked	Discuss with the CHO, HIV Coordinator and KB Physician and CMCs the need to encode all client ICRs using database software developed with assistance ROMP	ROMP to conduct a refresher training on data entry and database management to include GF SIO Conduct regular updating and cleaning of KB database

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

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions If Not Resolved
1. Technical	Slower uptake of PWID clients in Lapu-lapu	Conduct additional community desensitization and PWID “parties” in communities with perceived high number of PWID residents	Include in the Lapu-lapu City PBG proposal a census enumeration of PWIDs in the priority barangays and link PWIDs to ROMP services in the CHO
	Few female PWIDs recruited for enrollment into ROMP interventions in Lapu-lapu	Women’s “party” planned for partner/spouses of	

	and Mandaue	PWIDs to encourage them to participate in ROMP interventions	
	Some questions in the ICR are sensitive and potentially alienating and could serve as a barrier for developing rapport with and comfort of clients before the Motiv8 session gets started	Identification of the sensitive questions in the ICR CMCs requested to defer asking the identified sensitive questions until after the Motiv8 session is completed	
	Limited knowledge of FB PEs to respond to clients queries on Hepatitis	Learning group session (funded by GF) on Hepatitis and <i>shabu</i> use planned to be conducted jointly for FB and outreach PEs	CHANGE project will be requested to develop clients materials on Hepatitis and risks of <i>shabu</i> use based on pre-existing FHI 360 materials
	High prevalence of <i>shabu</i> use among PWIDs		
	Lack of materials on ART to respond to clients concerns on fear of side effects	Basic messages on ART included in the message house prepared jointly by CHANGE and ROMP	Request the CHANGE project to adapt FHI360 ART side effects materials for use with PWIDs
	Observed difficulty of some PWID clients in responding to questions for rating importance and confidence for selected behavior during the Motiv8 session	ROMP to draft in Cebuano DARN questions to supplement the importance and confidence rulers. Mentoring session with PEs will be conducted on the use of supplemental DARN questions.	
	Some clients enrolled in the Cebu site who claim to have been tested previously have no record on file. May have used different names in the previous testing or tested as part of surveillance activity.	Proactively offer testing to those who were previously tested more than 6 months in the past as well as previously tested clients who don't know their results regardless of testing date.	

	Continued disruption of N/S distribution in Cebu with more intensified drive of drug enforcement authorities	N/S distribution in planned to be transferred to the SHC to diffuse attention from the GF distribution point located beside the City Office on Substance Abuse and Prevention (COSAP)	
	Delivery of services in the HIV cascade could not proceed further than HIV testing due to lack of funding to support needed laboratory services	Cost of pre-ART work-up proposed to be included as part of the performance-based grantt in Mandaue City Meeting appointment with City congressman is requested to explore funding support for the needed pre-ART laboratory work-up	
	CD4 testing a major barrier for case management to proceed across 3 sites	Advocate for point-of-care CD4 machine in Cebu SHC as part of their PBG propopsal	Advocate to the DOH-NASPCP for the procurement of CD4 machine for Cebu City
	Aggressive follow-up of HIV-positive PWID in the community and related disclosure of HIV status PEs are not supposed to know the client's HIV status without their consent	Clients to be routinely asked for consent for PEs to follow-up with them (which means PEs will get to know their HIV status) in case they are unable to come back for their test results. Tracking of the degree to which this results in client refusal.	
	Asymptomatic HIV-positive PWIDs are referred by Lapu-lapu and Mandaue to the Cebu SHC for ART initiation (symptomatic cases are	Mechansims for co-management of clients will be explored with the SHCs of the tri-city	The concern will also be calendared for discussion and resolution in the SDN meetings

	referred to VSMMC). Subsequent follow-up treatment visits for the asymptomatic cases are made in the Cebu SHC and CMCs have no further interactions with the client. However, follow-up at the community level for adherence and other concerns remains the responsibility of Lapu-lapu and Mandaue CMCs.		
	Increase in client coverage and service uptake is not due to increases peer driven recruitment	Modify the model by tapering off the incentive scheme and introduce outreach-based recruitment strategies	
2. Management	Need for standardized HIV interventions for clients within the same facility c. Conduct Motiv8 sessions	GF Outreach PEs trained to conduct Motiv8 sessions for their own clients	ROMP peer counselors to assist GF PEs with facility-based counseling ROMP to provide monitoring/mentoring of GF PEs on Motiv8
	d. PLHIV case management	Coordination to be made with GF SIOs in Mandaue and Cebu to participate in the CMT meetings CMT Chair to include in the CMT meeting agenda the review of PLHIV cases recruited and followed up by GF PEs	
	Limited laboratory capacity in Lapu-lapu to respond to PWIDs' HIV testing needs. There is only one med-tech responsible for performing all laboratory tests requested in the CHO.	Explore availability of the community assigned med-tech to support HIV testing of PWIDs during specific periods.	
	Clients returning for N/S distribution are not captured for repeat visit	Coordinate with Cebu Plus and SHC to ensure needles	

	under ROMP as they go directly to the N/S distribution point and skips the ROMP clinic when they leave.	are not provided to returning clients until after service provision at ROMP is completed.	
	Data collection systems not linked in Mandaue and Cebu	Discussed with the CHO and SHC Physician and GF Nurse in Mandaue to encode all client ICRs using database software developed with assistance ROMP. A similar meeting will be convened in Cebu City.	ROMP to conduct a refresher training on data entry and database management to include GF SIOs and nurse Conduct regular updating and cleaning of databases in all 3 sites

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
			Apr'14	May'14	Jun'14		
Labor + Fringe Benefits							
Travel and Transportation							
Project Activities							
Sub-grantees/ sub-contractors							
Equipment and Supplies							
Other Direct Costs							
Indirect Costs							
TOTAL							

Provincial/City Expenditures

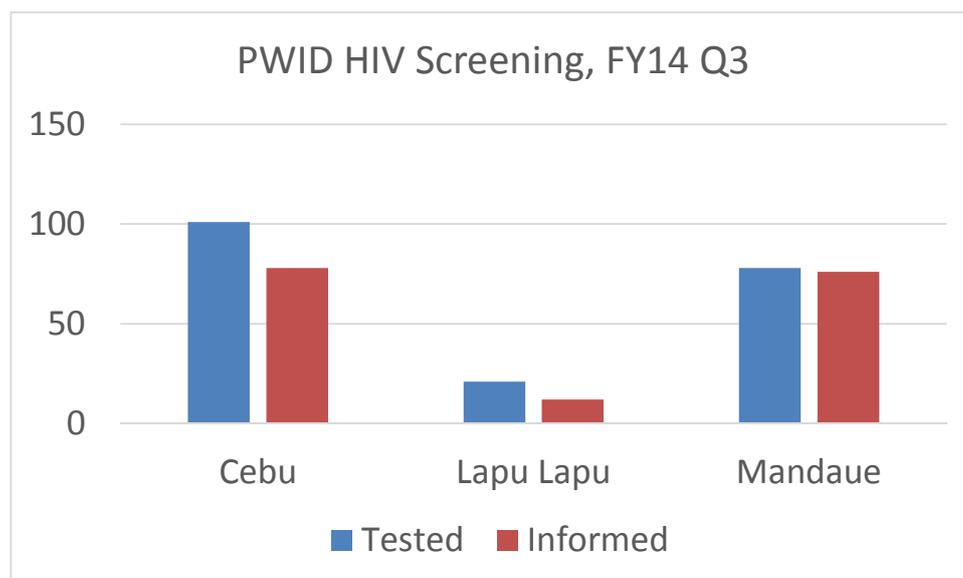
Province/City	Costs of Activities Per Province				Total Expenditure
	TA	Training	Logistics (equipment, supplies, materials)	Others (transpo, meeting, communication, incentives)	
Quezon City					
Cebu City					
Mandaue City					
Lapu Lapu City					
TOTAL					

VIII. Success Stories/Highlights

HIV testing among key at-risk populations is a key intervention promoted by the National AIDS-STI Prevention and Control Program of the Department of Health. Case management can only proceed when a client has been tested and knows their HIV status. However, the 2011 IHBSS revealed that the majority of PWIDs in Cebu and Mandaue who were tested for HIV did not receive their test results, thus obviating the individual and public health benefits of testing.

ROMP was designed to help reduce client losses (leaks) along the HIV services cascade (pipeline), a key one of which was PWID receiving an HIV test and knowing their test results. Motiv8 sessions help clients identify their own reasons for wanting to change health and health-seeking behaviors. Support for transportation expenses further facilitates those clients who make the choice to visit the CHO for HIV testing and for learning their results.

In Mandaue City, the percentage of PWID who were tested and received their results was 66% in Q1 and 64% in Q2. Given the difficulties PWIDs encounter in coming back to the facility to claim their test results, at the urging of ROMP, the Mandaue City Health Office implemented same-day release of screening test results starting in March 2014. The percentage of PWID tested who learned their test results increased to 97% in Q3, a significant improvement over the 3% of PWID in Mandaue who received their test result in the 2011 IHBSS and the lowest rate of loss to follow-up in the tri-city area, as seen in the graph below:



This improvement is directly attributable to implementation of the same-day release of test results at the Mandaue SHC. ROMP strongly advocates the implementation of similar arrangements in the cities of Cebu and Lapu-lapu.

IX. Communication and Outreach

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
<p>Launching of the SDN for PLHIV in the Cebu tri-city during the the Regional AIDS Summit for Central Visayas</p>	<p>The Regional AIDS Summit for Central Visayas was convened by Department of Health – Regional Health Office 7 with support from the ROMP Project last May 15, 2014 at Sarrosa International Hotel. Participants included health personnel from the national and regional DOH, provinces and cities in Region 7, other local stakeholders and partners, and members of the PWID community. The highlight of this event was the launching of the SDN for PLHIV in the Cebu tri-city area with the signing of the MOU among the members led by the city mayors.</p> <p>An added highlight was the signing of the DOH-HIV performance-based grants for the cities of Cebu, Mandaue and Lapu-lapu to support key HIV intervention activities in their localities.</p>	<p>While the activity was a regional event, it attracted around 300 participants from other regions of the Philippines and therefore served as a platform for sharing information with participants about the ongoing ROMP Project and the strategic innovations introduced to respond to HIV programming challenges among PWIDs.</p> <p>The SDN MOU and the PBG MOA signed during the activity will benefit the estimated 1,440 PWIDs in the tri-city area.</p>