

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

Year 2 Report

October 1, 2013 to September 30, 2014



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Submission Date:

October 30, 2014

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the author and do not necessarily reflect the views of USAID or the United States Government.

Contents

Acronyms	v
Executive Summary	1
A. Situation.....	3
B. The Project and Objectives	3
C. Accomplishments.....	4
C.1. MSM Component.....	7
C.2. PWID Component	12
D. Reasons for Variances in the Performance.....	17
D.1. MSM in Quezon City	17
D.2. PWID in the Cebu Tri-City	20
E. Milestone, Key Tasks, and Activities	25
E.1. MSM component	25
E.1.1. Prevention and Education	26
E.1.2. Diagnosis of HIV, STI and TB.....	27
E.1.3. Case Management	29
E.1.4. Care and Support	31
E.1.5. Strengthening BCC Programming.....	31
E.1.6. Strengthening Advocacy for Program Support	32
E.1.7. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication	32
E.1.8. Managing Transition and Promoting Sustainability of Interventions:	33
E.1.9. Project Development and Management Activities	34
E.2. PWID component	35
E.2.1. Prevention and Education	36
E.2.2. Diagnosis of HIV, STI and TB:.....	39
E.2.3. Case Management	40
E.2.4. Care and Support	42
E.2.5. Strengthening BCC programming.....	43
E.2.6. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication	44
E.2.7. Managing Transition and Promoting Sustainability of Interventions	45
E.2.8. Project Management Activities.....	46

F. Major Implementation Issues	47
G. Financial Reports	52
H. Success Stories/Highlights	53
I. Communication and Outreach	55
J. Additional Information.....	57

Acronyms

AIP	Annual Implementation Plan
AO	Administrative Order
AOR	Agreement Officer's Representative
AMTP	AIDS Medium Term Plan
APRO	Asia Pacific Regional Office
ART	Antiretroviral Treatment
BCP	Big Cities Project
BPH	Benign Prostatic Hypertrophy
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CA	Cooperating Agency
CCHD	Cebu City Health Department
CDC	Centers for Disease Prevention and Control
CHD	Center for Health Development
CMC	Case Management Coordinator
CMT	Case Management Team
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
DSWD	Department of Social Welfare and Development
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
ICR	Individual Client Record
ICV	Informed Choice and Voluntarism
IR	Intermediate Result
HCT	HIV Counseling and Testing
LGS	Learning Group Session
LGU	Local Government Unit
MARP	Most at-risk Populations
M&E	Monitoring and Evaluation
MOA	Memorandum of Agreement
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOU	Memorandum of Understanding
MSM	Males having Sex With Males
MSRH	Male Sexual and Reproductive Health
NASPCP	National AIDS/STI Prevention and Control Program
NCR	National Capital Region
NGO	Non-Governmental Organization
PBG	Performance-Based Grant
PDR	Peer Driven Recruitment

PLHIV	Persons Living with HIV
PMP	Performance Management Plan
PMTCT	Prevention of Mother to Child Transmission
PNAC	Philippine National AIDS Council
PNGOC	Philippine NGO Council on Population, Health and Welfare
PR	Peer Recruiter
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
QCHO	Quezon City Health Officer
ROAA	Regional Acquisition and Assistance Office
ROMP	Reaching Out to Most-at-Risk Populations
SBC	Strategic Behavioral Communication
SDN	Service Delivery Network
SHC	Social Hygiene Clinic
SIO	Site Implementation Officer
SMS	Short Message Sending
SOP	Standard Operating Procedure
STTA	Short Term Technical Assistance
TA	Technical Assistance
TG	Transgender
TOR	Terms of Reference
TWG	Technical Working Group
TXTBai	PWID Text Messaging Service
TXTBro	MSM Text Messaging Service
USAID	United States Agency for International Development
USG	United States Government
USPF	University of Southern Philippines
VSMMC	Vicente Sotto Memorial Medical Center
WFP	Work and Financial Plan
WHO	World Health Organization
Y	Year

Executive Summary

FHI 360 and the Philippine NGO Council on Population, Health and Welfare (PNGOC) will implement the *HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP) Project* (Cooperative Agreement No. AID-492-A-12-00008) in four distinct phases over the three-year life of the project. These phases are: Inception (Oct-Dec 2012), CPS Model Strengthening (Jan-Jun 2013), CPS Model Pilot Testing (Jul 2013-Mar 2015), and Documentation and Transition (April-Sept 2015). This Year 2 report to the United States Agency for International Development covers phase III of the project implemented from October 1, 2013 to September 30, 2014.

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

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

Following completion of needed assessments, development of intervention approaches and implementation guidelines, development of training curricula and conduct of capacity building activities during the first year of the project, Year 2 ushered in actual enrollment of clients into the project's interventions.

The project's main achievements in Year 2 are as follows:

- Testing and fine-tuning of the MSM and PWID client recruitment approaches. The peer-driven recruitment component of the intervention models was field tested over a 6-month period with close monitoring, mentoring and TA provision from FHI 360. Review of service delivery data and implementation experience at the end of each quarter led to the necessary adjustments in client recruitment activities, with distribution of recruitment coupons tapered off in Q4 so that no new coupons were distributed after the end of August, and coupon reimbursement ended on September 30, 2014. New recruitment strategies with corresponding MSM and PWID client streams were identified and agreed by project partners to be implemented at the start of Year 3 and will now constitute the final client recruitment approaches included in the intervention models.

- Establishment and operationalization of Case Management Teams. CMTs organized in Klinika Bernardo and the Cebu, Mandaue and Lapu-lapu Social Hygiene Clinics (SHCs) convened regular CMT meetings to review the status of all HIV-positive clients enrolled in the ROMP interventions. These meetings used a case management matrix introduced by the project, which provides at one glance an overview of all clients including laboratory work-up requirements and treatment status. CMTs can now systematically identify and follow-up on clients' individual laboratory, treatment and referral needs.
- Establishment and operationalization of the Service Delivery Network for PLHIV in Quezon City and in the Cebu tri-city through signing of MOU among the Chief LGEs and member agencies/organizations, launching of the corresponding SDN Operational Guides and convening of regular SDN meetings. Under this system, SDN member agencies and organizations respond to the health and non-health referral requirements of PLHIVs as determined by CMTs and tracked by clients' respective Case Management Coordinators.
- Establishment and operationalization of TXTBro, the MSM text messaging service based in Klinika Bernardo in Quezon City. The client database software was completed and ROMP trained CMCs on the use of the corresponding operational guide. ROMP now disseminates regular messages to registered MSM clients targeted to their population segment and tailored to their current position along the HIV service delivery cascade.
- Establishment of Positive Support for Peers (PsP), the PWID Support Group in the Cebu tri-city. ROMP completed the operational guide and oriented CMCs to serve as support group facilitators. The Cebu City Health Department is convening regular meetings and providing needed capacity building activities for the initial 14 core members recruited into the group.

In addition to the establishment and operationalization of the above components of the ROMP intervention models:

- Key project innovations are already being recognized, adopted or replicated.
 - Conduct of Motiv8 sessions in the project partner health facilities is already adopted as the standard intervention for all clients received in these facilities, expanding the delivery of this initiative beyond the initial ROMP recruited clients.
 - Partner LGUs also adopted the case management approach for all HIV-positive clients, including walk-ins and clients referred by other projects (e.g. GF-TFM, Take the test, BCP).
 - Klinika Bernardo, the ROMP supported model MSRH facility was recognized as an award-winning governance initiative for 2014 by the Galing Pook Foundation. The Quezon City Health Department now plans to duplicate the experience and expand access to MSM services with the setting up of Klinika Novaliches, a facility patterned after Klinika Bernardo operations.
- ROMP has successfully advocated for major structural improvements to the HIV cascade for PWID, including provision of same-day test results, procurement of CD4 testing machines, simplification of pre-ART work-up requirements, and assistance to PWID in obtaining social benefits to cover the costs of meeting these requirements.

At the end of Year 2, the project incurred a burn rate of 48.61%. ROMP, however, has planned for full budget execution and utilization with the start of implementation of activities in the final year (Year 3) of the project.

With all components of the intervention models already operationalized, ROMP in Year 3 will:

- focus on meeting the targeted number of enrolled clients to gather adequate data and implementation experience;
- further strengthen case management of HIV-positive clients and leverage existing national and local resources to meet requirements in the HIV service delivery cascade and increase ART initiation;
- prepare the operational guides for the interventions models with the corresponding costing documents; and
- promote the adoption, sustainability and replication of these models with appropriate local and national administrative issuances.

A. **Situation**

The Philippine Department of Health (DOH) has identified the need to expand coverage and strengthen effectiveness of HIV peer education activities targeting males having sex with males (MSM) and people who inject drugs (PWID), to address the loss of clients along the HIV services cascade and to provide health and non-health needs of persons living with HIV (PLHIV). In response, the United States Agency for International Development (USAID) is providing assistance to the DOH and local government units (LGUs) in developing and testing comprehensive package of services (CPS) models for MSM and PWID through the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project.

This annual report prepared by Family Health International (FHI) 360 and its subawardee, the Philippine NGO Council on Population, Health and Welfare (PNGOC), covers Year (Y) 2 (October 1, 2013 – September 30, 2014) implementation of the ROMP Project in compliance to Cooperative Agreement No. AID-492-A-12-00008.

B. **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 < 1% 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 removed to improve supply and demand for services.

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 (cities of Cebu, Lapu-Lapu and Mandaue), 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, as applicable) in Quezon City and for PWID in the Tri-City in Cebu Province. Specifically, ROMP will:

1. Pilot an intensive, time-bound and peer-driven recruitment (PDR) model targeting highest-risk individuals through their sexual and social networks;
2. Strengthen facility-based peer education to motivate HIV counselling 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 and PWID to increase treatment initiation, retention and adherence.

The ROMP Project Performance Management Plan (PMP) was approved by USAID-Manila on July 10, 2014 while the Annual Implementation Plan (AIP) for Y3 was submitted to the USAID-Manila Agreement Officer's Representative for approval on September 19, 2014.

C. Accomplishments

Upon completion of project start-up activities such as the setting-up of the project office, complying to all legal registration and documentation requirements to conduct business in the Philippines and staffing, the ROMP Project (with the leadership of the central and regional DOH and technical support from FHI 360-Philippines and advisors from FHI 360 Asia Pacific Regional Office) started implementation with the following MSM and PWID component products to date (Table 1):

Table 1. Years 1 and 2 ROMP Project products for the MSM and PWID components.

Service	Objectives	MSM Products	PWID Products
Prevention and Education	Pilot an intensive, time-bound PDR targeting highest-risk individuals through their sexual and social networks	<ul style="list-style-type: none"> • Peer-driven MSM recruitment operations manual • Identification and orientation of MSM peer recruiters (PR) • MSM motivational interviewing (Motiv8) training manual and Motiv8 session flipchart for facility-based Peer Educators (FB-PEs) • Terms of Reference (TOR) of facility-based PE 	<ul style="list-style-type: none"> • Peer-Driven PWID recruitment operations manual • Identification and orientation of PWID PEs • PWID Motiv8 training manual and Motiv8 session flipchart for facility-based PEs • TOR of facility-based PEs
Diagnosis of HIV, STI and TB	Strengthening facility-based peer education to motivate HIV testing, results notification, follow-up	<ul style="list-style-type: none"> • Klinika Bernardo Strategic Plan (2013-2017) • Facility profiles of MSM service delivery network (SDN) members • Documented negotiation to ensure access to HIV and TB testing • HIV disclosure training 	<ul style="list-style-type: none"> • Training curriculum on desensitization and reduction of PWID-related stigma for social hygiene clinic (SHC) staff • Facility profiles of PWID SDN members • Documented negotiation to ensure access to HIV

Service	Objectives	MSM Products	PWID Products
	testing, and the use of prevention commodities	<i>curriculum</i>	and TB testing <ul style="list-style-type: none"> • HIV disclosure training curriculum
Treatment (Case Management)	Piloting a case management approach for HIV-positive MSM and PWID to increase treatment initiation, retention in and adherence to treatment	<ul style="list-style-type: none"> • TOR of the case management team (CMT) and case management coordinators (CMCs) • Quezon City Health Department (QCHD) Special Order for the assignment of CMC and facility-based PE to Klinika Bernardo • Documented negotiation to ensure anti-retroviral treatment (ART) availability in Klinika Bernardo as a satellite ART clinic • Action plan on male sexual and reproductive health (MSRH) services of Klinika Bernardo • Operational guide for the SDN for PLHIV in Quezon City • Memorandum of understanding (MOU) between members of the SDN for PLHIV in Quezon City • MSM text messaging service (TXTBro) operational guide (draft) • Outdoor lighted signage for Klinika Bernardo • PLHIV case management matrix 	<ul style="list-style-type: none"> • TORs of the CMT and CMC • Documented negotiation to ensure ART availability in Cebu City SHC as a satellite ART clinic • Operational guide for the SDN for PLHIV in the Cebu Tri-City • MOU between members of the SDN for PLHIV in the Cebu Tri-City • EpiInfo-based PWID client database • PLHIV case management matrix
Care and Support		<ul style="list-style-type: none"> • List of referral providers of non-health services. • Designation of a psychosocial counselor from Woodwater Center for Healing for Klinika Bernardo clients 	<ul style="list-style-type: none"> • List of referral providers of non-health services • Operational guide of the PWID support group
Strengthening strategic behavioral communication (SBC) programming		<ul style="list-style-type: none"> • SBC strategy • MSM key messages 	<ul style="list-style-type: none"> • SBC strategy • PWID key messages
Documenting lessons learned and standard operating procedures (SOP) to support model		<ul style="list-style-type: none"> • Process documentation training curriculum 	<ul style="list-style-type: none"> • Process documentation training curriculum

Service	Objectives	MSM Products	PWID Products
replication			

Note: Bulleted items in bold italic fonts are Year 2 products.

Following completion of needed assessments, development of intervention approaches and implementation guidelines, development of training curricula and conduct of capacity building activities during the first year of the project, Year 2 ushered in actual enrollment of clients into the project's interventions. Accomplishments in Year 2 for the MSM and PWID components of the ROMP project are presented in the tables below.*

* Some indicator targets and accomplishments were revised based on the approved PMP dated July 9, 2014

C.1. MSM Component

Based on the indicators and targets contained in the ROMP Project approved PMP dated July 9, 2014, the following are accomplishments for the MSM Component for Year 2:

Table 2. ROMP Project-MSM component accomplishments by indicator. Quezon City. Oct 1, 2013 – Sep 30, 2014.

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 data available	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 PWID 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	107	87	295	
HIV 5: P11.1.D: Number of MSM who received testing and counselling services for HIV and received their	0 (2013)	800	400	39	62	107	87	295	

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		
test results									
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%)	12/16X 100= 75%	11/18x 100= 61%	23/47x 100= 49%	4/14x100= 29%	50/95x 100= 53%	The numerator is the number of MSM recruited 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%	0/3	3/1	1/2	11/15	15/21x100= 71%	Number of HIV (+) patients who were screened for TB in TB treatment centres divided by the number of newly detected HIV (+) in HIV testing facility multiplied by 100.
1.3.1 The supply of HIV/AIDS services improved									
HIV 9: Number of trained FB-PEs and CMCs 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 2 CMC	3 FB-PE 2 CMC	3 FB-PE 2 CMC	
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based	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.

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		
motivational approaches and messaging service developed									
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 2 CMC	3 FB-PE 2 CMC	3 FB-PE 2 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	1	
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	0	4 (2 completed in Year 1)	Total products since Y1 = 6
HIV 17: H2.3.D: Number of health care workers who successfully completed an in-service training program within the reporting period	0 (2012)	17 M: 14 F: 3	0					22 M: 17 F: 5	Target met in Y1.

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 18: Number of MSM FB-PEs, CMCs and Klinika Bernardo organic staff who received post-training/post-orientation mentoring and coaching	22 (2013)	17 M: 14 F: 3	17 M: 14 F: 3	7 M: 6 F: 1	5 M: 3 F: 2	4 M: 4 F: 0	1 M: 1 F: 0	17 M: 14 F: 3	Also mentored in Y2, but not counted in the total tally for the indicator were 18 individuals (5 Fs and 13 Ms) from other SHCs and the newly established Klinika Novaliches.
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	23	34	
HIV 20: Number of MSM recruited through PDR	0 (2012)	1,000	650	39	64	109	90	302	
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	109	90	302	
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	0 (2012)	1	1	0	0	0	0	0	Indicator target to be

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		
government policy issuances supporting the implementation of PDR, Motiv8, SDN, MSM text messaging service (TxtBRO) and case management team (CMT) issued									completed in Y3. The issuance will not include support for PDR as will be elucidated in the body of the report.
HIV 24: Number of MSM 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	4	10	

C.2. PWID Component

Based on the indicators and targets contained in the ROMP Project approved PMP dated July 9, 2014, the following are accomplishments for the PWID Component for Year 2:

Table 3. ROMP Project-PWID component accomplishments by indicator. Cebu Tri-City. Oct 1, 2013 – Sep 30, 2014.

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 data available	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 M 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	53 M (M): 51 F (F): 2	198 M: 180 F: 18	183 M: 174 F: 9	158 M: 147 F: 11	592 M: 552 F: 40	
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	36 M: 34 F: 2	138 M: 128 F: 10	118 M: 111 F: 7	115 M: 107 F: 8	407 M: 380 F: 27	

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 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%	$25/31 \times 100 = 81\%$	$113/184 \times 100 = 61\%$	$82/109 \times 100 = 75\%$	$29/49 \times 100 = 59\%$	$249/373 \times 100 = 67\%$	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%	$2/8 \times 100 = 25\%$	$16/70 \times 100 = 23\%$	$8/64 \times 100 = 12\%$	$26/38 \times 100 = 68\%$	$52/180 \times 100 = 29\%$	Number of HIV (+) patients who were screened for TB in TB treatment centres divided by the number of newly detected HIV (+) in HIV testing facility multiplied by 100.
1.3.1 The supply of HIV/AIDS services improved									
HIV 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 delivery points for management and facilitate HIV-positive support group sessions.	0 (2012)	9 FB-PE M: 6 F: 3 3 CMC M: 3	9 FB-PE M: 6 F: 3 3 CMC M: 3	0 FB-PE 0 CMC	0 FB-PE 0 CMC	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2	
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based motivational	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.

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		
approaches, messaging service and HIV-positive PWID support group developed									
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 M: 6 F: 3 3 CMC M: 3	0					9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 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 M: 6 F: 3 3 CMC M: 3	9 FB-PE M: 6 F: 3 3 CMC M: 3	0 FB-PE 0 CMC	0 FB-PE 0 CMC	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 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	1	Despite the non-occurrence of stock-outs during the quarter, needle-syringe distribution was halted periodically because of legal issues.
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	0	5 (3 developed in Year 1)	Total products since Y1 = 8
HIV 17: H2.3.D: Number of health care workers who successfully completed	0 (2012)	23 M: 9 F: 14	0					38 M: 19 F: 19	Target met in Y1.

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		
an in-service training program within the reporting period									
HIV 18: 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 M: 11 F: 12	23 M: 11 F: 12	11 M: 6 F: 5	4 M: 3 F: 1	0 M: 0 F: 0	3 M: 0 F: 3	18 M: 9 F: 9	Also mentored in Year 2, but not counted in the total tally for the indicator were 53 individuals (12 Fs and 41 Ms) who were support group members, other PLHIVs (on disclosure) and Global Fund PEs in Mandaue City on Motiv8.
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	9 M: 9 F: 0	72 M: 64 F: 8	65 M: 59 F: 6	39 M: 34 F: 5	185 M: 166 F: 19	
HIV 20: Number of PWID recruited through PDR	0 (2012)	720	441	47 M: 45 F: 2	95 M: 94 F: 1	107 M: 102 F: 5	47 M: 45 F: 2	296 M: 286 F: 10	
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	880	64 M: 62 F: 2	230 M: 207 F: 23	215 M: 204 F: 11	165 M: 154 F: 11	674 M: 627 F: 47	
1.3.3 HIV/AIDS program policies and systems improved									

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 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 operationalization of an HIV-positive support group for PWIDs issued	0 (2012)	3	1 (Cebu City)	0	0	0	0	0	2015: Lapu-Lapu and Mandaue
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	1 M: 1 F: 0	9 M: 7 F: 2	9 M: 7 F: 2	38 M: 34 F: 4	57 M: 49 F: 8	

D. Reasons for Variances in the Performance

As described in the ROMP Project MSM and PWID interventions*, project implementation is divided into four phases: the Inception Phase (3 months: October - December 2012), the CPS Model Strengthening Phase (3 months: January - June 2013), the CPS Model Pilot Testing Phase (24 months: July 2013 - March 2015), and the Documentation and Transition Phase (6 months: April - September 2015). With this timeline as reference, the whole duration of Y2 covered half of the pilot testing phase of the CPS models implementation.

Crucial to the models is recruiting and bringing to the ROMP Project facilities the target MSMs (in Quezon City) and the PWIDs (in the Cebu Tri-City). Table 4 enumerates the number of clients recruited till September 30, 2014 by city.

Table 4. Clients recruited by MARP by city up to September 30, 2014.

MARP	City	Year 2 target	Clients recruited	% Accomplished
MSM	Quezon	650	302	47%
PWID	Cebu	439	379	86%
	Lapu-Lapu	208	91	44%
	Mandaue	233	204	88%

Across all sites, targets for client recruitment were not met. Reasons for this will be discussed by MARP-type and adjustments in the models will be recommended to increase service delivery uptake.

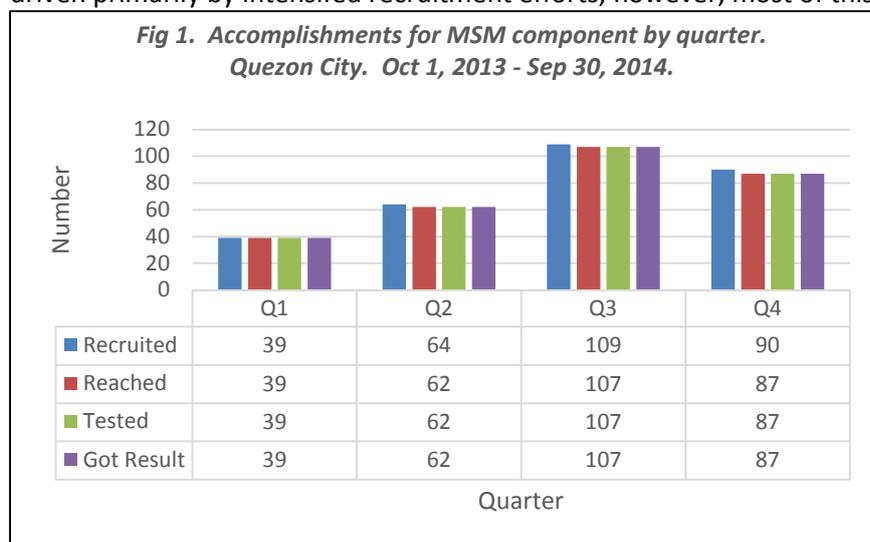
D.1. MSM in Quezon City

ROMP intended to pilot an innovate but evidence-based approach to recruiting highest-risk and otherwise hard-to-reach MSM clients via a peer-driven social networking strategy. From the first quarter of implementation (Y2Q1) the project identified slower than expected recruitment and (based upon field observation and interviews with staff and program beneficiaries) implemented corrective measures over the course of Q2. These included:

- Proactively increasing the number of seeds in anticipation that some would be non-generative
- Recruiting seeds through a wider variety of channels, including regular outreach by facility-based PEs, with the assistance of other SHCs, MSM projects and community stakeholders such as entertainment establishment owners and MSM social “clans,” and via branded profiles on MSM social networking platforms
- Increasing the maximum age of eligible seeds from 24 to 30 years
- Refreshing SOPs and training to ensure recruitment of appropriate seeds and intensified monitoring mentoring and coaching of site implementers (including GFATM site implementation officers and PEs)
- Intensified follow-up of seeds to determine recruitment status and offer recruitment assistance

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

In short, the project worked to expand the number of eligible and active seeds while ensuring that appropriate individuals (those with risky sexual behavior, communication skills and social networks) were recruited. As Figure 1 (below) shows, recruitment increased significantly over Q2 and Q3, driven primarily by intensified recruitment efforts; however, most of this increase reflects first-wave



recruiters who then failed to reach subsequent waves of participants. The result is that despite the introduction of remedial measures, ROMP consistently struggled to achieve recruitment targets over the course of Y2. The drop in Q4 is at least partially attributable to service interruptions as Klinika Bernardo underwent necessary renovation; additionally,

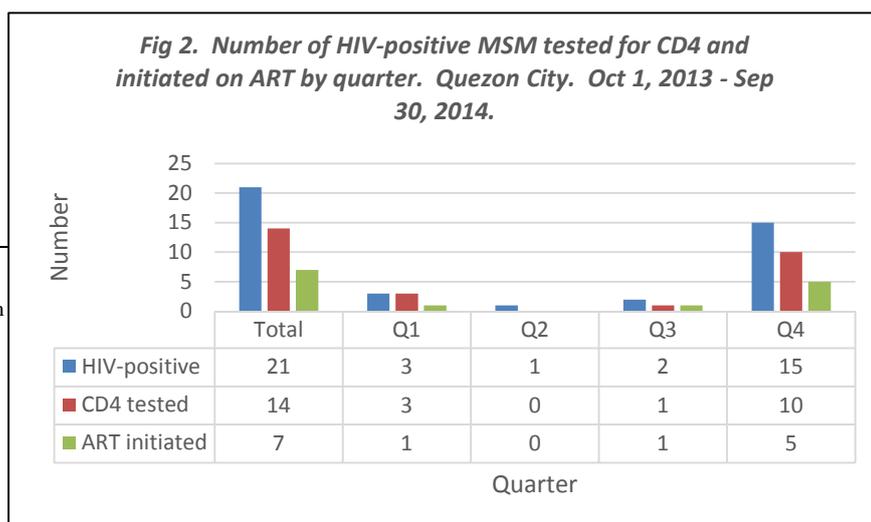
clinic staff time was divided among a number of additional activities including attendance to capacity building/training convened by DOH and other stakeholders, conduct of VCT sessions for all clients in the facility, and facilitation of client visits and follow-up in referral facilities, primarily RITM in Alabang.

It is notable that, while peer-driven recruitment did not result in expected levels of service uptake, descriptive analysis of demographic and behavioral data collected from ROMP clients indicates that the PDR did reach the anticipated target population: clients were young (median age of 24 years), at-risk (70% reported no condom use at last anal sex), and underserved (over 90% at the end of Y2Q3* had never been reached with HIV prevention or received an HIV test). Clients were also largely recruited from within the Klinika Bernardo catchment area (67%).

It is therefore difficult to explain why PDR did not result in higher numbers of HIV-positive individuals identified. With 295 clients tested and received their test results, and 21 clients newly identified HIV-positive, the project generated an overall “yield” of 7%, compared with a reported HIV prevalence of 6.6% among MSM in Quezon City (2013). The project anticipated a higher yield based on the decision to target highest-risk and previously un-served clients. This result is especially surprising given the finding that PDR resulted in an unusually high proportion of TG women recruited through a single recruitment chain; HIV prevalence among TG women is generally higher than within the MSM population but, in this case, not a single infection was identified among this client group.

It is possible that some participants misreported HIV risk in order to receive an incentive. Incentives were kept purposely

*Q4 clients already includes a mix of drop-in and referrals from other SHCs with fewer PDR clients as this approach was tapered off



small to discourage this behavior, but CMCs still identified and weeded out some men posing as MSM. It is possible some men eluded detection, but given low rates of secondary recruitment it is unlikely that results have been distorted by significant “gaming” of the recruitment scheme.

As seen in Figure 2 (above) there was a clear increase in case finding in Q4 (15 HIV-positive out of a sample of 90 clients = 17%). There was no notable difference in the demographic or behavioral profile of clients when compared with previous quarters; however, many MSM in Q4 were walk-in clients who knew about Klinika Bernardo from social networking sites, word of mouth, or non-incentivized recruitment via PLHIV receiving treatment at the clinic. It can be surmised that Q4 MSM clients were driven to seek consultation because of specific exposures that put them at higher risk of acquiring HIV.

It should also be noted that only a third of the identified HIV-positive MSM had initiated ART as of the writing of this report. This deficit was mainly due clients’ difficulty accepting their diagnosis, leading to significant loss to follow-up. Only two-thirds of HIV-positive clients returned for CD4 testing. Klinika Bernardo has subsequently acquired a point-of-care CD4 machine and an initial supply of 200 test kits, so improvements in CD4 testing rates are expected in Y3. Additional strengthening of post-test counseling and supportive care for HIV-positive MSM may also be necessary to ensure identified patients successfully transition into pre-ART care and treatment initiation.

Because peer-driven recruitment has been trialed successfully in numerous other settings, ROMP plans an evaluation during Y3 to determine what aspects of either the model, implementation or context may have contributed to its underperformance during this project. In the interim, discussions with project staff and in-depth interviews among non-generative MSM seeds reveal some potential explanations to be followed up through the evaluation:

- The monetary recruitment incentive, though focus group tested with the target population, may have been insufficient to motivate the target MSM population, roughly half of whom were gainfully employed.
- Klinika Bernardo was conceptualized as a sundown clinic (3:00-11:00 PM) to encourage access by working MSM; however, a significant proportion of the target population for ROMP worked in occupations (e.g. call center agents) with evening working hours that may have prevented them from accessing services.
- Some PRs had social networks outside of the Klinika Bernardo catchment area, and traffic/transportation difficulties limited their ability to travel to the clinic. This would be an argument for partnering with multiple service providers as opposed to a single service delivery option.
- Peer-driven recruitment strategies are based on the (evidence-based) assumption that high-risk individuals will know and recruit other high-risk individuals. However, in this case the PLHIV most accessible to project staff were newly diagnosed patients, still coming to acceptance of their own serostatus, who therefore declined to participate as recruiters.
- There is a general complacency among the target population regarding HIV risk. Peer-driven recruitment would ideally have been paired with targeted, community-level communications activities, delivered via multiple channels to, increase risk perception. However, these communication activities are planned under a separate implementing agency which to date has still not launched their planned campaign.

Whatever the case, the ROMP Project does not perceive a benefit in continuing to support the PDR model. Thus, distribution of recruitment coupons was tapered off in Q4, so that no new coupons

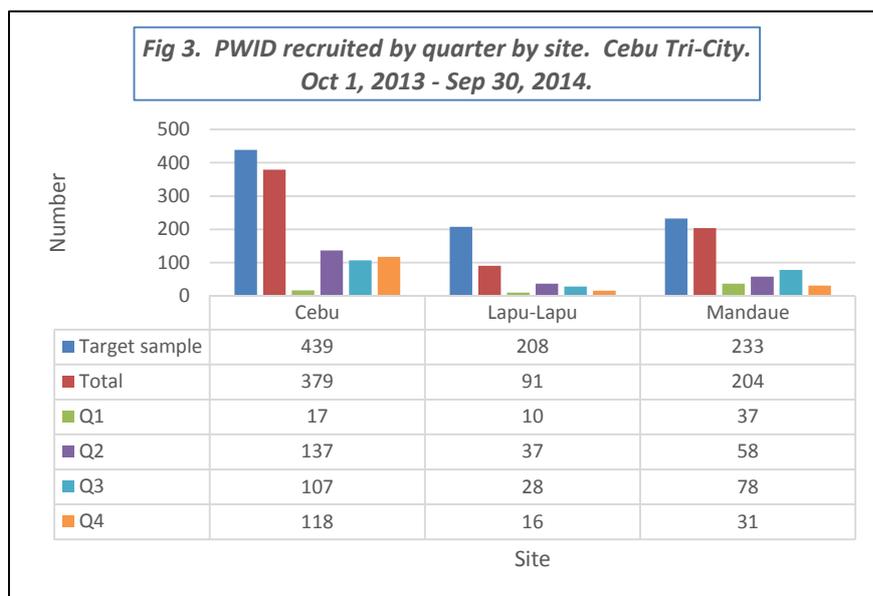
were distributed after the end of August, and coupon reimbursement ended on September 30, 2014.

In Y3, 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 Communication for Health Advancement through Networking and Governance Enhancement (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 technical assistance (TA) to the GFATM and other partners to further strengthen this model. ROMP will also expand case management services to cover all HIV-positive MSM receiving treatment at Klinika Bernardo, not merely those recruited through ROMP.

D.2. PWID in the Cebu Tri-City

Peer-driven recruitment strategies have been shown effective at reaching PWID in other settings; however, PDR in the Cebu Tri-City struggled over the course of Y2 to achieve recruitment targets. A number of adjustments were introduced in Q2 in response to below-expected recruitment:

- Increasing the number of seeds in anticipation that some would be non-generative
- Relaxing eligibility requirements so that injecting on a daily basis was not required and refreshing SOPs and training of project staff to ensure appropriate seeds were recruited
- Implementing outreach activities for FB-PEs on a revolving basis to help identify new seeds from within and outside their own personal networks
- Recruiting seeds through regular PWID “parties” in Mandaue and Lapu-Lapu targeting barangays with the largest known concentrations of PWID



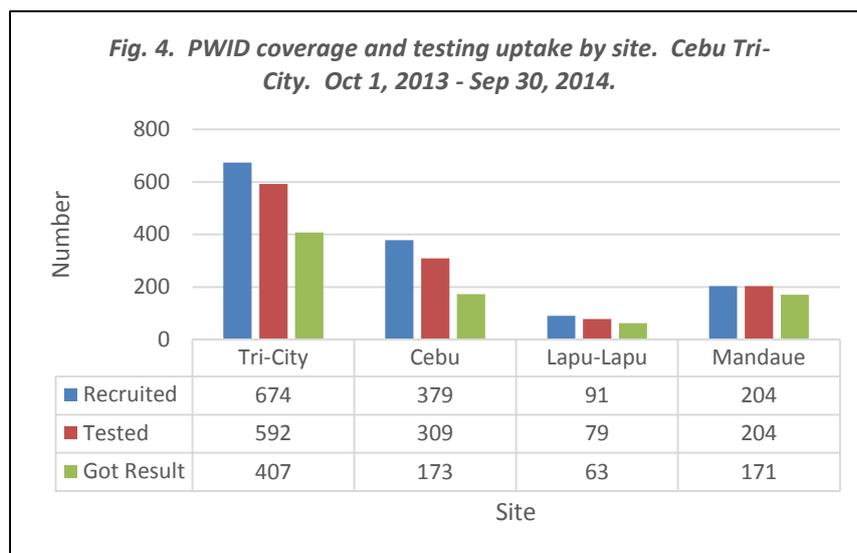
As a result of these adjustments, recruitment increased. However, most new clients were initial seeds recruited by peer educators who failed to generate subsequent waves of PWID clients. Additionally, recruitment in Lapu-Lapu was consistently low, and Mandaue saw a notable recruitment drop in Q4 primarily as a result of increased raids and arrests conducted by drug law

enforcement agencies in the communities targeted by ROMP. Many of these raids were done at the heels of PWID parties conducted by ROMP which generated community suspicion that ROMP is sharing information with the police, which led to distrust and refusals to join project interventions.

Clients who were recruited into ROMP-supported services were somewhat older (mean age 30.6 years), educated (74% had at least some secondary education) and had sources of income (44% reported employment, though this was often in the informal sector). Women accounted for 7% of clients recruited, in line with the ROMP gender plan. Clients also reported significant HIV risk, including 76% who injected multiple times per day, 74% who shared needles at their last injection, and 84% who did not use a condom the last time they had sex. These reported behaviors help to explain an overall case finding rate of 27% (n=180) across all ROMP sites.

As PDR has been demonstrated effective for recruiting PWID in numerous other settings, ROMP plans an evaluation during Y3 to determine what aspects of either the model, implementation or context may have contributed to its underperformance during this project. In the interim, discussions with project staff and in-depth interviews among non-generative PWID seeds reveal some potential explanations to be followed up through the evaluation:

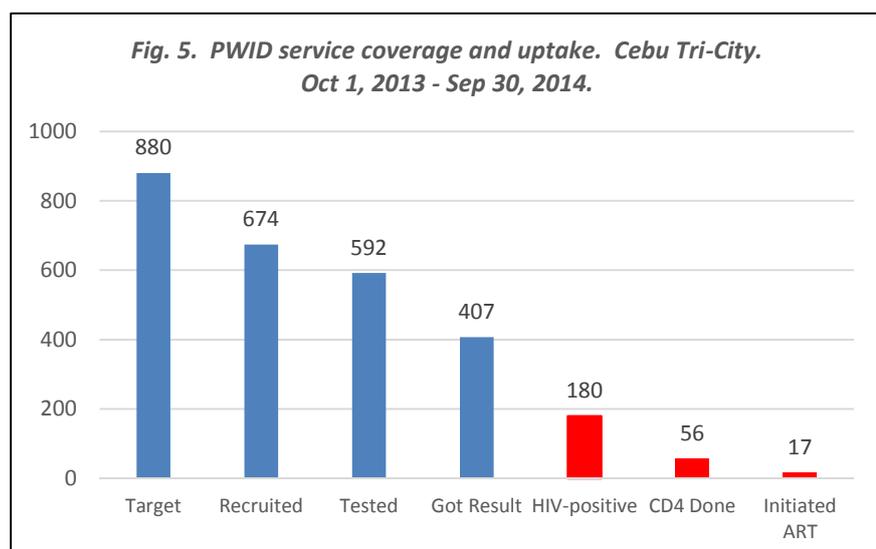
- For local policy-related reasons the project had difficulty ensuring availability of key recruitment incentives (needles and syringes).
- The ongoing crackdown on drug users by local law enforcement made PWID increasingly reluctant to access services particularly delivered through government-supported centers.
- There is a general complacency among the target population with regards to HIV risk, and planned community-level communication and promotion activities implemented by a separate USAID-funded agency have not yet been implemented.



Of greater concern is the failure of the local healthcare system to deliver timely test results to clients and to efficiently move positive PWID onto treatment. Among clients recruited and tested, only 56-83% (per site) received their test results (see Figure 4, at left). This variance was mainly due to the failure of the clinics to release test results in a timely manner. This is a

major concern since 13 of the 194 PWIDs (7%) with reactive screening did not receive their test results.

Finally, of the 180 HIV-positive clients identified through ROMP to date, only 56 (31%) have received a baseline CD4 test, and only 17 (9%) have initiated treatment (see Figure 5, at right). This failure to provide timely treatment threatens not only the



health of individual clients as well as the potential prevention benefits of viral load suppression in a high-risk population, it additionally calls into question the credibility of ROMP and other service providers who advocate for the benefits on knowing one's HIV status. This critical message will not resonate when key benefits are not realistically available.

Based on discussions with clinical staff and peer educators, key barriers to treatment initiation include:

- There is currently only one laboratory in the Tri-City conducting CD4 testing. This facility processes tests only once per month and only allows 5 PWID samples each time. 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.
- There is limited funding available to cover the various costs associated with pre-ART staging and treatment initiation (may include CD4 testing, hepatitis profile, SGPT, chest x-ray, pregnancy testing) and many PWID clients cannot afford to pay these costs themselves.
- Many PWID are reluctant to initiate ART due to widespread concerns about the severity, duration and management of ART side effects, indicating a need for strengthened post-test counselling and patient education.

The ROMP Project does not perceive a benefit in continuing to support the PDR model. Thus, distribution of recruitment coupons was tapered off in Q4, so that no new coupons were distributed after the end of August, and coupon reimbursement ended on September 30, 2014. In place of the PDR, a number of strategies are anticipated to drive client recruitment in Y3:

- Community de-stigmatization activities and "PWID parties" – which in Y2 Q2-Q3 showed success in increasing recruitment. PWID clients will still be offered a transportation fee, as LGU, ROMP and other project staff indicate recruitment is highly unlikely without this fee, but the amount will be harmonized with the transportation incentive provided by other projects.
- In Lapu-Lapu specifically, program recruitment and case finding have been exceptionally low, ROMP will provide technical assistance to the LGU to conduct a barangay-by-barangay enumeration of PWID, and will refer newly identified PWID to the Lapu-Lapu SHC for behavioral counselling and testing.
- At the request of the city health offices, all PWID clients referred to SHCs collaborating with ROMP will be offered Motiv8, including walk-in clients and those recruited by the GFATM (in the cities of Cebu and Mandaue). ROMP FB-PEs will help to provide counselling for these additional clients (thus improving coverage) and ROMP staff will provide mentoring to GFATM PEs on appropriate use of motivational interviewing skills. ROMP CMCs will additionally be responsible for monitoring and follow-up of all HIV-positive PWID, not just those recruited through ROMP activities.

Of critical importance, measures are conducted to improve functioning of the HIV cascade for clients who have actually received an HIV test:

- Needle and syringe distribution at the Cebu City Health Department (CCHD) will be standardized to ensure that PWID clients accessing needles first receive necessary follow-up services including receipt of HIV screening/confirmatory test results. The issue is addressed in Section E.2.2. (Standardized Case Management Procedures in Cebu SHC).
- In Lapu-Lapu City, the current laboratory practice is multiple venous blood draws at repeat clinic visits to conduct (1) HIV screening; (2) WB confirmatory testing; and (3) CD4 baseline testing. Each repeat visit contributes to loss to follow-up and further delays treatment initiation. It is preferable that sufficient blood be drawn and stored at first clinic visit so that samples can be immediately processed for Western Blot testing for any client who screens

positive. This would not only reduce loss to follow-up and wait times, but also minimize client discomfort and reduce opportunities for occupational exposure. This concern was discussed in the ROMP Y3 Operational Planning Workshop and the Lapu-lapu medical technologists agreed to conduct a one time venous blood draw for PWID clients tested in their facility, similar to what is already done in Cebu and Mandaue.

Other major concerns on the HIV cascade service delivery with the corresponding actions taken and outcomes are summarized in the table below:

Concerns	Actions taken and outcomes
<ul style="list-style-type: none"> Delayed release of HIV screening results in the cities of Cebu, Mandaue and Lapu-lapu contribute to potential loss of interest of clients to know their HIV status 	<ul style="list-style-type: none"> This concern was discussed with the respective CHOs. Attention was called to the augmentation medical technologists already provided by GFATM to Cebu and Mandaue to expedite HIV testing. Both cities agreed to the same-day release of non-reactive results after the GFATM -assigned medical technologist had completed HIV proficiency training.
<ul style="list-style-type: none"> Reactive specimens for confirmatory testing (Western Blot) sent to SACCL through Cebu SHC bi-monthly which contributes to the long turn-around for the results to come back 	<ul style="list-style-type: none"> This concern was discussed in the HIV TWG meeting Mandaue and Lapu-Lapu cities will now send reactive samples for confirmatory testing directly to SACCL. DOH-CHD 7 agreed to shoulder the cost of weekly shipment if LGUs could not find adequate resources
<ul style="list-style-type: none"> ART eligible PLHIVs with TB co-infection needs to undergo TB treatment for at least 2 months before ART could be initiated (given that majority of patients also have signs hepatitis infection) However, TB screening (symptomatic screening plus chest x-ray) among HIV-positive clients is not yet routinely implemented (as required under DOH AO 2014-005). Symptomatic screening is done but not chest x-ray (machine is not readily available and clients need to pay when referred to other facilities). 	<ul style="list-style-type: none"> The DOH Administrative Order on TB-HIV AO was discussed with SHC physicians to start implementation of TB screening. Copies of the AO were provided as reference. Issue also raised with the IMPACT project in the monthly COP meeting. IMPACT responded that they will also do counterpart dissemination/briefings of the AO in the convergence areas. Leveraged GFATM resources (Enablers Fund) to cover the costs of chest x-ray for PLHIVs already eligible for ART. Leveraged Mandaue PBG funds to also cover chest x-ray costs
<ul style="list-style-type: none"> Delayed conduct of CD4 testing restricts identification of clients eligible for ART. CD4 testing is available only in VSMMC every last Friday of the month, accepting up to 5-10 samples from PWID clients (out of total of 20) per month as the remaining slots are allocated for MSM and female sex workers. 	<ul style="list-style-type: none"> To address the low rates of CD4 testing among HIV-positive PWID, ROMP in collaboration with GFATM arranged overnight PWID events as part of HIV-positive PWID support group activities, immediately after which blood can be drawn for CD4 testing. However, to further address operational difficulties in CD4 testing and the consequent bottleneck in HIV-positive PWID receiving

Concerns	Actions taken and outcomes
<ul style="list-style-type: none"> The laboratory requires that blood from PWIDs be collected in the morning and submitted for laboratory processing within 4 hours to provide adequate time for the laboratory to finish running the tests within the day. The existing laboratory capacity could not accommodate specimens collected and submitted in the afternoon. For many PWIDs, however, this is an unrealistic expectation as they could not comply with the morning collection schedule 	<p>timely ART initiation, ROMP negotiated with DOH for a CD4 machine for CCHD which will be delivered before end of 2014</p> <ul style="list-style-type: none"> GFATM will supply the needed test cartridges for the Cebu Tri-City clients Cebu SHC will program procurement of the test cartridges starting FY 2016
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The concern was raised with the DOH-NASPCP Manager. NASPCP simplified the pre-ART work-up (to reduce overall costs) to only include CBC, Urinalysis, chest x-ray and pregnancy test for Females. Liver function tests are no longer required. Initial CD4 testing is also waived (if not available) in situations where clients already manifests opportunistic infections. Concern also discussed in the SDN meeting to explore other sources to fund the needed work-up. GFATM now provides enablers fund to VSMMC, Cebu and Mandaue which could be accessed by clients. The limited allocation (15 clients per city) to Cebu and Mandaue could still be increased if LGUs make the requests to NASPCP. Cost of pre-ART work-up is now included as part of the DOH HIV PBG in Mandaue City after ROMP advocated to use part of the money to support PLHIV case management activities. PhilHealth identified as additional source of funding for needed laboratory testing/monitoring. Through the SDN, eligible PLHIVs are now referred to the Social Welfare Services Department and are enrolled to PhilHealth using LGU funding. Specifically for PWIDs, ROMP is also assisting them to comply with submissions needed by the SWSD by individually following up on the requirements.
<ul style="list-style-type: none"> Cebu SHC is the facility designated by DOH as satellite ART clinic. PWID patients from Mandaue City are not willing to go to Cebu City for their ART supply and follow-up visits because of the additional transport costs and privacy/confidentiality concerns. 	<ul style="list-style-type: none"> Concern discussed in the HIV TWG meeting Cebu SHC agreed that Mandaue CMC will now get the monthly ART resupply for their clients from Cebu. However, these clients will undergo check-up with the SHC Physician in Mandaue on their follow-up visits (Physician in Mandaue City is already trained on ART) before the resupply is provided.

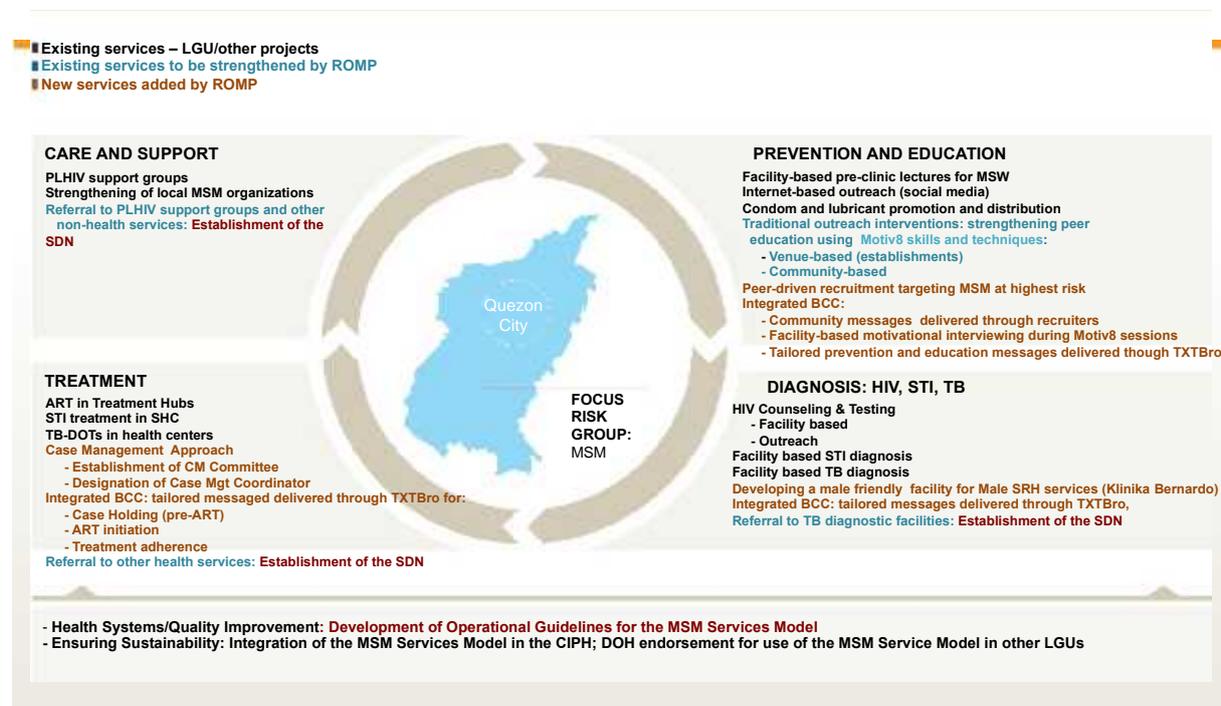
E. Milestone, Key Tasks, and Activities

Annexes A and B contain the Year 2 activity matrices for the ROMP Project.

E.1. MSM component

Diagram 1 depicts the CPS model for MSM being pilot tested in Quezon City.

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



The activity highlights in Y2 will be presented in this section. The planned activities for Y3 are also enumerated here. Detailed description of Y3 activities are contained in the approved ROMP Project Y3 Annual Implementation Plan.

E.1.1. Prevention and Education

Most of the capacity-building activities were completed in Y1. In Y2, the ROMP project provided mentoring and coaching to address additional needs for support as identified by QCHD and Klinika Bernardo staff, MSM FB-PEs and CMCs:

1. *Antiretroviral Treatment*, including the process of treatment initiation, dealing with treatment side effects, staying healthy on ART and getting support for living with HIV. These topics were selected so that FB-PEs and CMCs could adequately respond to client questions during Motiv8 sessions.
2. *Conduct of Motiv8 sessions* including role-play on PR training facilitated by Mr. Matt Avery of FHI 360-APRO. FHI 360-Philippines staff reinforced this material with a *Refresher Course on Motivational Interviewing* in June 2014 successfully completed by 25 QCHD contractual PEs and GFATM outreach PEs and SIOs. The latter activity was also intended to beef-up the cadre of PEs capable to conduct the Motiv8 session in response to the Quezon City Health Officer's (QCHO) directive that Motiv8 should be offered to all clients seeking services in Klinika Bernardo.
3. *HIV Disclosure Counselling Workshop* to capacitate health workers in developing the clients' readiness to disclose their serostatus to significant others (family, partners, friends or colleagues). Disclosure paves the way for PLHIVs to consider joining support groups, accessing HIV treatment and care services and referring sex partners, family members and caregivers for care services. Resource persons for the workshop, drawn from among SDN member 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.

Y3 activities*:

Activity 1.1.1. Client recruitment and referral to Klinika Bernardo

Sub-activity 1.1.1.1. Collaboration with CHANGE to complete an MSM HIV communication plan that aims to:

- a. Motivate MSMs to get tested at Klinika Bernardo and go back for results
- b. Get tested regularly
- c. Reinforce the desire for use of condoms and lubes
- d. If positive, get treatment and adhere to it
- e. Market Klinika Bernardo as a pleasant place to visit

Sub-activity 1.1.1.2. MSM Interest group meetings.

While this activity is designed to promote return visits for those already enrolled in the interventions, clients will also be encouraged to bring in their MSM friends who have not visited Klinika Bernardo and are interested to participate. The new participants will be offered to undergo Motiv8 and will be linked to testing services.

ROMP will provide TA in developing the Topic Guide/Curriculum for approval of QCHD. This curriculum will then guide the conduct of the interest group meetings throughout the year.

Activity 1.1.2. Strengthen Skills of LGU MSM PEs

* Y3 activities/sub-activities are numbered the same way as in the Y3 ROMP Project implementation plan.

ROMP will focus on building capacity of a pool of trainers composed of national and local partners who could be tapped during and beyond the project's life to conduct the Motiv8 training.

Sub-activity 1.1.2.1. Motiv8 Refresher Training cum Training of Trainers.

Sub-activity 1.1.2.2. Post Training Mentoring and Coaching of MSM PEs will be conducted by ROMP for the ToT participants.

Sub-activity 1.1.2.3. Mentoring and coaching on disclosure provided to Y2 training participants to hone their capacity

Activity 1.1.3. Conduct of Motiv8 Sessions

Sub-activity 1.1.3.1. Conduct of Motiv8 session for all clients of Klinika Bernardo.

All MSM clients received in Klinika Bernardo will undergo the Motiv8 sessions and develop a behaviour change plan (health seeking, risk reduction or treatment) guided by the FB-PEs.

Sub-activity 1.1.3.2. Conduct of Motiv8 sessions for clients of Klinika Novaliches.

To increase the number of MSM clients who benefit from Motiv8, QCHD recommended that Motiv8 sessions be offered as routine service for MSM clients of Klinika Novaliches. This facility is a newly opened QC health facility patterned after Klinika Bernardo. All HIV reactive MSM clients tested in Klinika Novaliches will still be referred to Klinika Bernardo for Case Management. ROMP will provide monitoring and coaching sessions on Motiv8 to the staff of Klinika Novaliches since they have already participated in the Motiv8 training conducted in Y2.

Sub-activity 1.1.3.3. Database Management mentoring for Klinika Novaliches.

ROMP will provide TA to implement the use of the Individual Client Record (ICR) in Klinika Novaliches, including use of the database software to encode client records.

E.1.2. Diagnosis of HIV, STI and TB

Y2 ROMP accomplishments to increase HCT uptake, client notification, follow-up testing; including testing for STI and TB co-infection among MSM include:

- *SDN-related activities.* All activities for the establishment of an MSM SDN were completed in Year 2. The SDN operational guidelines are in Annex C and the Memorandum of Understanding (MOU) between the Quezon City government and the SDN member agencies is in Annex D. Regular SDN meetings were conducted twice a month and the documentation reports are in Annex E. To familiarize the SDN member agency staff of other agencies' services, SOPs for referral and their physical set-up, the ROMP Project supported a facilities tour as part of the *Orientation of SDN members on the referral system to ART hubs, TB centers, support groups and other health and non-health services.* The three-day activity was held in May 2014. Annex F contains the facility tour activity design.
- An introductory training course, the *Male Sexual and Reproductive Health Services Training*, was conducted in March 2014 to adequately equip QCHD and Klinika Bernardo staff with the capacity to identify additional sexual and reproductive health needs beyond HIV and STI services that should be phased-in considering staff capacity and budget allocations. Dr. Leonardo Alcantara, Jr. facilitated the training participated in by 13 QCHD and Klinika Bernardo staff. The training curriculum is in Annex G. Following the training, ROMP Project convened the meeting for the *Development of an action plan for Male sexual and reproductive health services in Klinika Bernardo* on April 2014. The draft action plan (Annex H) identified the priority sexual and reproductive health services for phased introduction in Klinika Bernardo. These are: management of genital/anal warts, digital rectal examination for benign prostatic hypertrophy (BPH) and initial detection of prostatic carcinoma, circumcision, family planning, prevention of

mother to child transmission of HIV (PMTCT), TB screening and treatment and management of common dermatological disorders.

- ROMP previously provided assistance in the conduct of facility assessment and development of the Klinika Bernardo Strategic Plan 2013-2017, including capacity enhancement for staff and peer educators to provide MSRH services and conduct HIV disclosure counseling. In line with the Strategic Plan, the QCHD initiated facility improvement activities and expanded the medical, laboratory and psychosocial services for Klinika Bernardo, including the purchase of a point of care CD4 machine. CD4 screening will begin as soon as the clinic has completed training of the medical technologists and received the necessary regulatory approvals.

Y2 products developed include:

1. Operational Guide of the SDN for PLHIV in Quezon City
2. MOU among SDN member agencies
3. MSRH Training Curriculum
4. Action Plan for MSRH services in Klinika Bernardo

Y3 activities:

Activity 1.2.1. Establish a Male Sexual and Reproductive Health Facility

Sub-activity 1.2.1.1. Promotion and marketing of Klinika Bernardo as a MSRH Clinic

This will be done in collaboration with the CHANGE Project. The activity will provide for physical modifications to the facility set-up to create a more comfortable, relaxed and non-threatening atmosphere for a positive clinic visit experience. Online and events based promotional and marketing activities will be conducted to increase awareness and promote utilization of Klinika Bernardo services, and CHANGE will support “clinic navigators” to facilitate effective referral and clinic registration.

Sub-activity 1.2.1.2. Support to laboratory services development of Klinika Bernardo

The QCHD is exploring the option to charge laboratory fees depending on the clients’ capacity to pay and the use of health insurance. The ROMP project will provide TA by engaging an appropriate consultant for QCHD to determine appropriate user fees for Klinika Bernardo laboratory services as part of its sustainability strategy. In addition, ROMP will assist Klinika Bernardo to forecast essential reagents and supplies including those needed for CD4 testing.

Sub-activity 1.2.1.3 Post Training Mentoring and Coaching for Klinika Bernardo staff in relation to MSRH services.

Activity 1.2.2. Strengthening the SDN for PLHIV in Quezon City.

ROMP will focus its TA to further strengthen SDN operations and enhance referral mechanisms among member agencies.

Sub-activity 1.2.2.1. Conduct of psychosocial care training for SDN focal persons.

As part of continuing capacity building for SDN member agencies, a psychosocial care training (including basic mental health screening) will be conducted to promote early detection and diagnosis of mental health problems and concurrent substance abuse among HIV-positive MSM clients. ROMP will identify a suitable short-term consultant to provide this training for SDN focal persons.

Sub-activity 1.2.2.2. Conduct of regular SDN meetings

E.1.3. Case Management

Y2 ROMP accomplishments to increase initiation, retention in and adherence to ART among HIV-positive MSM include:

- *Establishment of CMT for HIV-positive MSM:* ROMP has developed the TOR of the CMT and the detailed scope of work of the CMC, who will be tasked to identify cases for review during the team meetings and follow through on implementation of CMT recommendations (Annex I). The initial CMT meeting was held on October 10, 2013 regularly met thereafter with Dr. Leonel John Ruiz of Klinika Bernardo presiding. The CMT discussed difficult/ problematic cases and identified definitive management options. SDN members or other resource persons were invited in these meetings. To provide psychosocial services and to satisfy Klinika Bernardo's need for an accredited HIV counsellor/social worker to act as guardian to minor clients (17 years old below) who wish to access clinic services, Ms. Gerlita Andino-Enrera of the Woodwater Center for Healing provided psychosocial services in Klinika Bernardo every 2nd Wednesday of the month and also on an on-call basis.
- *Development of Short Message Service (SMS)-based SBC messaging service (TXTBro):* The MSM Patient Information System which captures information for ROMP clients including mobile phone numbers and the ClickSoftware SMS System software which enables the CMC to send tailored messages to, as well as receive inquiries via SMS from, ROMP clients are operational. Also completed in Y2 is the TXTBro operational guidelines, including a troubleshooting section (Annex J). TXTBro aims to help maintain contact with enrolled clients after their initial visit to Klinika Bernardo. Messages delivered to clients twice a month are segmented according to serostatus and includes reinforcement key behaviour change messages (on condom use, repeat testing after 6 months for non-reactive clients and pre-ART work-up), and inform clients of new services and upcoming events such as World AIDS Days activities or AIDS Candlelight Memorial commemorations. The system can also be used to collect data at multiple time points through text message surveys.

A total of 264 of the 302 clients in Y2 have mobile phone numbers registered (opted in) in the Patient Information System. Messages were sent through TXTBro to 232 clients (88%), each receiving from 3-5 messages to date, depending on their date of enrolment.

Beyond the initial investment on desktop computer (also used by the clinic for database management) and software, TXTBro operating costs are minimal. Klinika Bernardo now takes advantage of cheap unlimited texting promos for TXTBro, and the QCHD will expand the use of this system to their other SHCs. The city has already procured the needed computers for this purpose and ROMP will provide TA to the users in Y3.

- *Development of Klinika Bernardo as "satellite" ART clinic:* In Y2, the ROMP Project staff worked with DOH to facilitate Klinika Bernardo compliance to the requirements for operating as a satellite ART clinic. TA extended included:
 1. Review of the NASPCP-DOH assessment checklist for Satellite 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 Klinika Bernardo 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 in facilitating a meeting appointment with PhilHealth-NCR representatives.

NASPCP-DOH completed the assessment of Klinika Bernardo as a satellite ART clinic. With formal recognition expected before the end of 2014, NASPCP will supply Klinika Bernardo with ARV medicines thus cutting the need for regular client visits (accompanied by PEs) to the Research Institute for Tropical Medicine (RITM) for ARV re-supply.

Y2 products developed include:

1. TXTBro Operational Guideline
2. Outdoor light-up signage for Klinika Bernardo
3. PLHIV Case Management Matrix: The ROMP Project introduced this matrix where, at a glance, one can identify the status of an HIV-positive MSM and the procedures/tests that he or she has to undergo/complete. A sample matrix is in Annex K.

Y3 activities:

The following are ROMP activities corresponding to Treatment (Case Management) as reflected in the MSM CPS diagram above:

Activity 1.3.1. Establish CMT for HIV-positive MSM

All HIV-positive MSMs detected or received in Klinika Bernardo will be logged in the PLHIV Case Management Matrix and will all be provided the same follow-up and case management services, thus removing the previous distinction between ROMP and non-ROMP clients. This allows not only standardization of case management but also expands benefits (e.g., SDN referrals) to all PLHIVs seen in the clinic.

Sub-activity 1.3.1.1. Conduct of Case Management Team Meetings

Sub-activity 1.3.1.2. Post Training Mentoring & Coaching of Case Management Coordinators

Activity 1.3.2. Develop an SMS-based messaging service (TXTBro)

Sub-activity 1.3.2.1. Pre-testing and finalization of supplemental SMS messages for MSMs in collaboration with the CHANGE Project

Sub-activity 1.3.2.2. Training, mentoring and coaching of Klinika Bernardo CMCs and staff of Klinika Novaliches and other SHC staff on the use of TXTBro

Sub-activity 1.3.2.3. Conduct of SMS based condom use surveys

Activity 3.3. Technical Assistance for the Development of Klinika Bernardo as “satellite” ART clinic

Sub-activity 1.3.3.1. Coordination meetings with PhilHealth

While awaiting formal issuance of the Klinika Bernardo certificate of compliance as a “satellite” ART clinic, ROMP will continue to facilitate communication between QCHD and PhilHealth in support of clinic accreditation.

Sub-activity 1.3.3.2. Development of Operational Guidelines of Klinika Bernardo as a satellite ART clinic. ROMP will lead consultation meetings with partners to develop this guidelines.

E.1.4. Care and Support

Y2 care and support activities of the ROMP Project are related to those discussed under E.1.2.-SDN-related activities.

Y3 activity:

Activity 1.4.1. Monitoring visits to SDN member agencies and organizations

E.1.5. Strengthening BCC Programming

In Y2, the ROMP Project, together with the CHANGE Project, organized the *MSM HIV Communication Workshop* where participants developed an MSM message house to guide message development and creative executions for MSM communications (focusing on uptake of HIV counselling and testing and re-positioning of the Klinika Bernardo services) and identified suitable touch points that included TXTBro as well as out-of-home advertisements and community-based events. This was followed by a series of materials pre-testing, after which, the projects presented to Quezon City stakeholders the potential communications assistance to Quezon City. This was followed by a presentation to the Assistant City Health Officer, Dr. Verdades Peña-Linga, of the proposed executions, key visuals, messages and plans for the refurbishment of Klinika Bernardo. Based on Dr. Linga’s suggestions, the materials executions were modified and Quezon City Mayor Herbert Bautista was briefed on the MSM communications plan on August 18, 2014. The materials and plans were approved in principle. These were pre-tested to see which materials appeal to the target market. Final materials will be presented to Dr. Linga on the first week of November 2014.

Y3 activities:

Activity 1.5.1. Presentation of the HIV MSM communication plan to DOH-NASPCP

Activity 1.5.2. MOU signing for the implementation of the HIV MSM Communication Plan in Quezon City

Activity 1.5.3. Production/printing of HIV MSM communication materials

ROMP will support the initial production/printing of the HIV MSM communication materials developed under CHANGE assistance. These materials will be made available in the identified touch points as described in the communication plan. Likewise, the Tri-City health offices allotted funds for printing of communication materials.

E.1.6. Strengthening Advocacy for Program Support

The planned advocacy and mobilization support to the World AIDS Day commemoration in December 2013 was cancelled to support relief efforts for victims of natural disasters in the Visayas. It was decided that the SDN launch would be the city's activity to observe World AIDS Day (see write-up under Section I (Communication and Outreach). The ROMP Project provided TA to the DOH and the Quezon City government to establish/organize the SDN and to localize the SDN operational guide for PLHIV previously developed by the Department of Social Welfare and Development (DSWD) and endorsed by PNAC.

The ROMP Project participated in the *Consultative Workshop on the Definition of Quality Measures in Minimum Packages of HIV Intervention for Key Affected Populations*. Here, the project presented key services contained in the ROMP Project-MSM component (facility-based Motiv8 sessions, case management and development of an MSRH clinic) as it is being implemented in Klinika Bernardo to form part of the minimum package of interventions for MSM. The ROMP Project will continue to provide TA to the PNAC Secretariat in refining and finalizing the workshop report.

Y3 activities:

Activity 1.6.1. Advocacy and mobilization activities during World AIDS Day

Advocacy activities as part of observance of World AIDS Day will focus on the need for care and support services for HIV-positive MSMs. ROMP and the QCHD will collaborate with other partners in the conduct of WAD 2014 observance activities.

E.1.7. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication

Over the course of implementation of the MSM CPS Models, various guidelines, in consultation with DOH and LGU partners were developed to facilitate implementation of specific activities. A compendium of these guidelines will be packaged for use of LGUs interested to implement the model in their locality and help ensure consistency and the quality of interventions.

In Year 2, ROMP planned to finalize the MSM CPS model framework and conceptualize the corresponding operational guide. However, finalization of the MSM CPS model framework was deferred given the additional time needed to determine whether earlier modifications to the PDR component would result in sufficiently increased client recruitment to merit recommending this as part of the CPS. As PDR underperformed in comparison to traditional, venue-based recruitment, it will not be recommended for replication as part of the ROMP-supported model.

Y3 activities:

Activity 1.7.1. Development of the MSM CPS Operational Guide (Compendium)

Sub-activity 1.7.1.1. Consultation and Planning Meetings.

ROMP will convene small meetings with the DOH and the LGU partners to determine the overall structure of the guide, define the key components and develop contents, including sequencing, flow, tone and styling of sections.

Sub-activity 1.7.1.2. Develop the Operational Guide (Compendium) for the MSM CPS model.

Guided by the outputs of consultation and planning meetings, ROMP will engage a suitable consultant to draft the operational guide for review of partners and stakeholders, revise the draft to incorporate comments and suggestions and prepare lay-out (printer ready) of the final version of the document.

The following are the modules/guides developed up to Y2 that may form part of the MSM CPS compendium:

1. Motiv8 training facilitators' guide for facility based MSM PEs
2. CMT Operations Guide/Terms of Reference
3. MSRH training modules for Klinika Bernardo staff
4. SHC Information System operations guides (includes the TXTBro messaging instructions)
5. Service delivery network operations guide for MSM PLHIV services

Sub-activity 1.7.1.3. Costing of MSM interventions.

A companion document to the MSM CPS Operational Guide, costing of the MSM interventions will show new LGUs on the investments needed to implement the interventions in their locality. ROMP will engage a suitable consultant to help identify the costing methodologies and tools and support the actual costing exercise.

Products to be developed in Y3:

1. MSM CPS Operational Guide (Compendium)
2. Costing of MSM Interventions

E.1.8. Managing Transition and Promoting Sustainability of Interventions:

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

The ROMP Project planned to provide technical assistance to Quezon City in preparing the transition and sustainability plan and drafting LGU and DOH policy/administrative issuances supporting implementation of the CPS model. From the initial discussions in Y2, this will be actively pursued in Y3.

Y3 Activities:

Activity 1.8.1. Conduct of the Transition and Sustainability Planning Workshop for the MSM interventions in Quezon City

A workshop will be convened to prepare the Transition and Sustainability Plan for the MSM CPS Model in Quezon City. The activity will aim to identify mechanisms to help promote sustainability of the MSM interventions, (includes conduct of Motiv8 sessions by facility based PEs*, Case Management including Case Management Team meetings and Case Management Coordinators), TXTBro, Service Delivery Network and HIV TWG Meetings) beyond project life. The QCHD will spearhead the activity, with regional and national DOH, and other partners and stakeholders invited

* specifically for Motiv8 sessions, ROMP will focus on building capacity of a pool of core trainers composed of national and local partners who could be tapped during and beyond the project's life to conduct the Motiv8 training (described in Activity 1.1.2)

to the workshop to consolidate additional support and assistance.

Activity 1.8.2. Consultation meetings and technical assistance for drafting of LGU and DOH policy/administrative issuances

To further ensure sustainability of the interventions, ROMP will aim for the LGU and DOH adoption of the MSM CPS model through the passage of corresponding LGU and DOH policy/administrative issuances. Consultations will be made with local and national stakeholders and partners to prepare the draft issuances for filing in the appropriate DOH and LGU policy forum for deliberations and approval. ROMP will engage suitable consultant/s to help prepare the draft issuances.

Products to be developed in Y3:

1. LGU Transition and Sustainability Plan.
2. LGU and DOH policy/administrative issuances.

E.1.9. Project Development and Management Activities

As part of project development and management, Mr. Matt Avery of FHI 360 APRO travelled to the Philippines to assist FHI 360 Philippines to review implementation progress for ROMP project, including preliminary analysis of project data and mentoring for facility-based counselors conducting motivational interviewing, recommend changes to the ROMP project model, beginning in FY15, to address variances in program performance and meet with staff of CHANGE Project to discuss communications approaches for ROMP. A detailed account of Mr. Avery's findings and recommendations are in Annex L.

Also in Y2, the ROMP Project conducted the *ROMP-MSM Component Year 3 Operational Planning Workshop*. The activity was held in August 2014 with QCHD and other partners participating. The draft Year 3 MSM-component operational plan is in Annex M.

In terms of Monitoring and Evaluation (M&E) the ROMP Project, in collaboration with the national and regional DOH and LGU partners, monitored implementation of ROMP interventions to track progress and gather information to help inform further adjustments or refinement of the MSM CPS model, when needed. FHI360 convened weekly meetings with PNGOC to plan for activities and review accomplishments vis-à-vis targets, monitor outputs, identify operational issues and concerns and propose joint solutions. PNGOC held monthly meetings with project staff to review project and financial plans and accomplishments, including reporting requirements. Project accomplishments, including issues and concerns and proposed solutions were reported to the QCHD staff and FHI 360. When needed, these are elevated to DOH-CHD NCR and NASPCP.

Monthly meetings of the HIV TWG that includes feedback on ROMP Project accomplishments, led by the QCHD (3rd Friday of every month)* were held to promote coordination of activities with other projects (e.g. TFM), discuss project accomplishments, issues and concerns. The Regional AIDS-STI Coordinator based in the DOH-NCR was always engaged in monitoring project activities.

Y3 Activities:

* In the event that information are not yet available during the meeting, full information dissemination will be provided during the QCSAC meeting which is scheduled every last Friday of the month.

Activity 1.9.1. Monitoring MSM CPS Model Implementation (as scheduled during Y2)

Activity 1.9.2. Program Implementation Review/Evaluation for the ROMP- MSM Component

A Program Implementation Review/Evaluation for the ROMP MSM component (joint activity with the PWID component) will be scheduled in March 2015 to:

1. Review overall progress of project implementation vis-a-vis project phasing, planned activities, milestones (products developed) and budget utilization;
2. Assess implementation of piloted components of the MSM and PWID CPS models and determine the effectiveness of these models, taking into account the modification/s implemented;
3. Propose refinements or adjustments to further strengthen the models; and
4. Identify additional inputs and assistance to help ensure sustainability of the models.

Activity 1.9.3. End of Project Dissemination Meeting (MSM Component)

A dissemination meeting will be convened towards the last Quarter of Y3 to share the results of the ROMP Project CPS model for the MSM component. The activity will serve as the platform for disseminating the products developed including insights from the Quezon City implementation experience. In addition to local and national partners and stakeholders, key cities with increasing HIV prevalence among MSM populations (as demonstrated in the 2013 IHBSS) will be invited to participate with the view of advocating for replication of the model in their respective localities.

Based on the list of ROMP Project MSM component milestones till Year 2 (contained in the ROMP PMP), the following had been completed:

- Training design developed for:
 - Motiv8 Training for Facility based MSM and PWID Peer Educators
 - Male sexual and reproductive health for Klinika Bernardo staff
- Operational guides/modules developed for:
 - MSM Community Recruitment Operations Manual
 - Case Management Team Operations Guide
 - TXTBro Operations Guide
 - Service delivery network for MSM services
- Key MSM messages developed. *
- Referral points for MSM identified and MOU signed among SDN member organizations

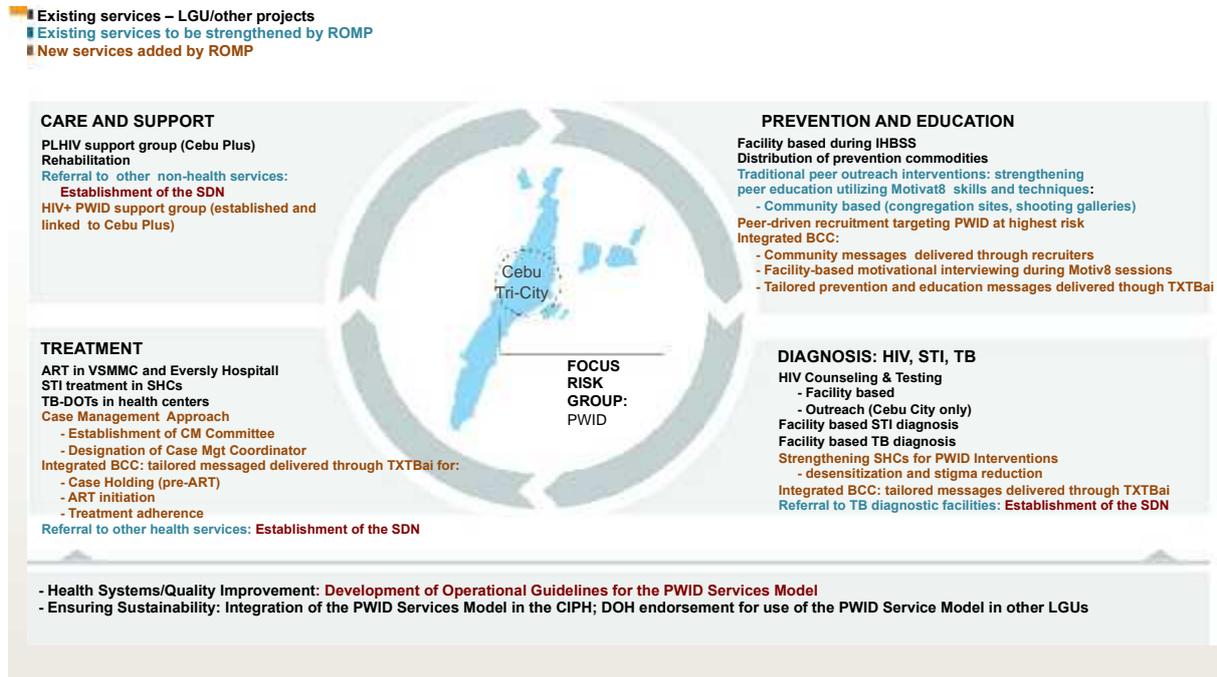
Efforts in developing the TOR and identifying a consultant to assist in costing the MSM CPS model began in Year 2. Final costing document will be completed in Year 3.

E.2. PWID component

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

* Additional messages, including the SBC strategy/implementation plan developed with the CHANGE Project.

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



The activity highlights in Y2 will be presented in this section. The planned activities for Y3 will also be enumerated here. Detailed description of Y3 activities are contained in the approved ROMP Project Y3 Annual Implementation Plan.

E.2.1. Prevention and Education

Most of the capacity-building activities were completed in Y1. In Y2, observed areas needing additional support and training needs expressed by the Tri-City staff, PWID FB-PEs and CMCs were addressed by the ROMP Project through mentoring and coaching on the following:

- Conduct of Motiv8 sessions.** This activity emphasized the need to ensure privacy during client counselling, proper completion of Individual Client Record (ICR) forms, and use of Motiv8 skills and techniques. The activity was reinforced with a *Motiv8 Refresher Training for PWID FB-PEs and CMCs* in the Cebu Tri-City in February 2014 with FHI 360 and Dr. Ilya Tac-An of the CCHD as main facilitators assisted by PNGOC. A follow-up to the *Motiv8 Training* last August 2013, the refresher course was conducted because of the observed need of FB-PEs and CMCs for more inputs and practice on the Motiv8 skills and techniques plus the need to train new (replacement) and reserve FB-PEs. There were 15 participants from the Tri-City but only 10 successfully completed the course (5 participants have not complied with the required number of hours for attendance). Because of the directive of the Mandaue City Health Officer that all PWIDs consulting in the City Health Office should undergo Motiv8 session (whether they were recruited through GFATM Fund or the ROMP Project), FHI360 conducted the *Motiv8 Training for Outreach Peer Educators in Mandaue City* in June 2014. Only five of the 10 Global Fund outreach peer educators along with their SIO and Nurse completed the training. Replacement ROMP facility-based PE and CMCs also participated in this training. The training report is in Annex N.

- *TA on Conduct of Community Desensitization and PWID Parties.* Strong negative public perception on injecting drug use and PWID prevails in the communities. Recent intensified campaigns of law/drug enforcement agencies are further driving PWID underground. Consequently, reaching PWID in the communities for HIV prevention activities remains difficult. To help identify and recruit PRs as part of PDR, the ROMP Project conducted community desensitization and PWID “parties” in the Tri-Cities. The ROMP Project staff coordinated with local officials of Kalunasan, Tagunol, and Inayawan in Cebu City; Green Hills, Sunny Hills, Pulang Bato, Pit-os and Canduman in Mandaue City and Basak, Seaside, Pajo, Ibo, Abuno and Pajac in Lapu-Lapu City (perceived to have a significant number of PWID residents) to:
 - Raise awareness on HIV through the provision of information on the HIV risks associated with injecting drug use, the current efforts of the city to prevent HIV transmission and the treatment and care options available for PWIDs with HIV
 - Lessen the stigma and discrimination attached to PWIDs and HIV
 - Promote trust building with the PWID community in the area to help allay their fears for any potential arrests and help encourage their participation in the HIV interventions
- In relation to the exceptionally low recruitment in Lapu-Lapu City and the lack of clarity regarding the actual size of the PWID population, meetings were held with Dr. Ilya Tac-An, FHI 360-identified consultant, to develop and finalize the TOR for the Implementing the PWID Mapping and Service Provision Activities in Lapu-Lapu City. The objectives and proposed activities were culled from the work and financial plan (WFP) submitted by Lapu-Lapu City to DOH-CHD 7 in compliance to the memorandum of agreement (MOA) covering the PBG. The WFP has already been approved and funds amounting to Php500,000.00 has been transferred to Lapu-Lapu City for activities implementation. The draft TOR was presented to Dr. Jonathan Neil Erasmo, Mr. Boel Espinas and Mr. Rennan Cimafranca, all from DOH-CHD 7 for comments and identification of next steps. The draft TOR is in Annex P.
- 4. *HIV Disclosure Counselling Workshop* to capacitate health workers in developing clients’ readiness to disclose their serostatus to significant others (family, partners, friends or colleagues). Disclosure paves the way for PLHIVs to consider joining support groups, accessing HIV treatment and care services and referring sex partners, family members and caregivers for care services. Resource persons for the workshop, drawn from among SDN member 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. The workshop was held in August 2014. The documentation report is in Annex O.

Y3 activities:

Activity 2.1.1. Client Recruitment into PWID interventions

In Year 3, PWID recruitment into ROMP-supported services will be driven primarily through three channels: referral by Global Fund-supported peer outreach workers (Cebu and Mandaue), conduct of community desensitization followed by PWID parties (all sites) and from census enumeration activities in selected barangays in Lapu-Lapu City.

Sub-activity 2.1.1.1. Recruitment of clients referred by GF-TFM Peer Educators.

To standardize prevention and education activities for PWIDs offered in the cities of Cebu and Mandaue, all clients reached by GFATM PEs and referred to the SHCs will be enrolled to the ROMP interventions, including:

- PWID reached by TFM PEs but refused outreach HCT services offered on-site

- PWID previously tested for HIV but never got to know their test results
- HIV+ PWID who have not initiated ART (both eligible or not yet eligible for ART)
- HIV+ PWID who are ART defaulters

Sub-activity 2.1.1.2. Conduct of community desensitization and PWID “parties”. To help identify and recruit PWID clients in communities perceived to have a high number of PWID residents or are frequented by PWIDs, community desensitization activities and PWID “parties” will be conducted. This will also “women’s parties” intended for partner/spouses of PWIDs to encourage them to participate in ROMP interventions. The ROMP Project through the LGUs, will coordinate with the barangay officials for the conduct of these activities.

Sub-activity 2.1.1.3. Implement the PWID Mapping and Service Provision Activities in Lapu-Lapu City as specified in the TOR (Annex P).

Activity 2.1.2. Strengthen Knowledge and Skills of PWID peer educators

Capacity building activities were already completed in Year 1 and 2. For Year 3, however, additional trainings will be provided to ROMP staff to further enhance their capacities in service provision. ROMP will also build capacity of national and local partners to conduct the Motiv8 training on their own. This will help ensure that there will be a pool of trainers who could be tapped beyond the project’s life to support additional capacity building needs in the project site and in other interested LGUs.

Sub-activity 2.1.2.1. Motiv8 Refresher Training cum Training of Trainers.

Sub-activity 2.1.2.2. Training on Palliative Care.

Because of the emerging needs of PLHIV clients for hospice or home-based care, DOH-RHO 7 will conduct a 3-day orientation training on Palliative Care in the first quarter of Year 3. This approach aims to help improve quality of life of patients with life-threatening illness like AIDS. While this training will not be sufficient to make participants qualified palliative care service providers, select ROMP FB-PEs, CMCs and PWID support group members will participate to gain appreciation/understanding of the purpose and delivery of palliative care as maybe relevant to HIV/AIDS patients.

Sub-activity 2.1.2.3. Training on Psychosocial Care.

To help address the ongoing psychological and social problems of PLHIV PWIDs, a 2-day Training on Psychosocial Care will also be conducted by DOH-RHO 7 for ROMP FB-PEs, CMCs and staff. It is important that psychological and social issues of HIV-positive peer educators are resolved to enable them to help and effectively respond to the needs of their clients.

Sub-activity 2.1.2.4. Post Training Mentoring and Coaching of PWID Peer Educators

Activity 2.1.3. Conduct of Motiv8 Sessions

Sub-activity 2.1.3.1. Conduct of Motiv8 session for all PWID clients in the SHC.

Sub-activity 2.1.3.2. Database Management mentoring for Cebu and Mandaue SHCs.

Given the need for systematic and synchronized record keeping, the database software developed with ROMP assistance will be adopted for use of GFATM clients in Cebu and

Mandaue SHCs. This will make data more accessible and readily available for use of LGUs to inform decision making, identify client needs and/or improving existing services.

ROMP will provide TA to implement the use of the Individual Client Record, the database software to encode client records, including data quality check and data management for the two cities including Lapu-lapu City.

Products to be developed in Year 3:

1. Revised PWID population size estimates in Lapu-lapu City

E.2.2. Diagnosis of HIV, STI and TB:

Y2 ROMP accomplishments to increase HCT uptake, client notification, follow-up testing; including testing for STI and TB co-infection among PWID in the Tri-City include:

- *Setting-up of ROMP work stations.* The Tri-City LGUs provided work spaces for the ROMP Project. These were refurbished and equipped by ROMP to improve overall appearance, provide comfort and promote privacy of clients.
- *SDN-related activities.* The SDN for PLHIVs in the Cebu Tri-City was launched in May 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 of the SDN and signed the MOU for their respective cities. Mayor Paz Radaza of Lapu-Lapu City was represented by 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 who participated in the Regional AIDS Summit witnessed the launch. The SDN operational guidelines are in Annex Q and the MOU between the Tri-Cities and the SDN member agencies is in Annex R. Regular SDN meetings are conducted twice a month, documentation reports are in Annex S. To familiarize SDN member agency staff of member agency services and SOP for referral including their physical set-up, the ROMP Project supported a facilities tour as part of the *Orientation of SDN members on the referral system to ART hubs, TB centers, support groups and other health and non-health services.* The three-day activity was held in July 2014. Annex T contains the facility tour activity design.
- *Leveraging ROMP interventions with the DOH HIV Performance Based Grant.* Also highlighted during the Regional AIDS Summit was the awarding of the DOH HIV PBG to the Tri-City to support key interventions on HIV prevention and control. The ROMP Project highlighted the opportunity for the PBGs to leverage ROMP initiatives, including support for the operationalization of the SDN and strengthening of PLHIV case management. This will be discussed in detail under Section E.2.7. (Managing Transition and Promoting Sustainability of Interventions).
- *Standardized Case Management procedures in Cebu SHC.* To harmonize case management activities among projects, maximize benefits received by clients, and promote smooth client movement across PWID service delivery areas in the CCHD, a client flowchart developed by the CCHD and FHI 360 was adopted for use starting Y2Q4: Global Fund PWID clients coming in for services in the CCHD are directed to Melchor Suguran or Juno Pegarido (GFATM SIOs) or SHC staff who attends to client and offers VCT → client is sent to laboratory for HIV testing → client proceeds to ROMP for issuance of ICR and Motiv8 sessions → client goes to Cebu Plus for supply of syringes and needles.

- Clinical management (ART initiation and follow-up check-up for resupply) will be done by Dr. Tac-An.
- Case management follow-up will be done by ROMP
- Releasing of screening and confirmatory results will be with the SHC
- Cebu Plus will redirect clients to undergo Motiv8 sessions in ROMP before providing needles and syringes
- Before treatment, all laboratory results will be endorsed to Floyd for recordkeeping.

Y2 products developed include:

1. Operational Guidelines of the SDN for PLHIV in the Cebu Tri-City.
2. MOU among SDN member agencies

Y3 activities:

Activity 2.2.1. Strengthening the SDN for PLHIV in the Cebu Tri-City

ROMP will focus its TA to further strengthen SDN operations and enhance referral mechanisms among member agencies.

Sub-activity 2.2.1.1. Conduct of regular SDN meetings

E.2.3. Case Management

Y2 ROMP accomplishments to increase initiation, retention in and adherence to ART among HIV-positive PWID include:

- *Establishment of CMT for HIV-positive PWIDs:* With the TOR for the CMT and CMC already prepared, the Tri-City implementers held CMT meetings in Y2 presided by the ROMP Project Officer where discussions were devoted to project implementation issues and accomplishment reporting. Beginning in Y2Q3, CMT meetings were chaired by the SHC Physician and discussions focused on both problematic and successfully-managed PWID cases. The CMT meetings also brought to fore discussions on management of PWID clients who are incarcerated, implementation of universal precautions especially in dealing with PLHIVs with suspected drug resistant TB, diagnosis and management of TB, and case holding, among others. The minutes of CMT meetings are in Annex U.
- *A Case Management Matrix*, similar to that used for HIV-positive MSMs was introduced in the Tri-City ROMP Project sites.
- *Development of SMS-based SBC messaging service (TXTBai):* Since based on project data less than 10% of PWIDs have mobile phones, TXTBai is not a viable option to reinforce key behaviour change messages (non-sharing of needles, condom use, repeat testing after 6 months for non-reactive clients, pre-ART work-up) or to inform clients of new services and upcoming events. Should new information suggest more widespread cell phone coverage among the target population, the Tri-Cities could still implement TXTBai since the modem for sending and receiving messages and the operational guide are available.
- *SHC PWID Database Software and Manual.* In the Tri-Cities, clients are provided with a PWID ICR (Annex V) that was developed by the CCHD, with TA from the World Health Organization-Western Pacific Regional Office (WHO-WPRO). This was further updated by the ROMP Project to include other clinic activities such as Motiv8 and other interventions that form part of case management. It was decided by the Tri-City SHCs that they will all adopt the ICR which was

finalized by FHI 360 and Dr. Ilya Tac-An in February 2014 and used by the Tri City SHCs in March 2014.* When data from the ICR are encoded by the CMC, these form the PWID database which captures salient data that are collated and analyzed for recording and reporting. The software application used for the PWID SHC Database is EpiInfo 6.04 software† which was produced in the 1990s by The Division of Surveillance and Epidemiology, Epidemiology Program Office, Centers for Disease Control and Prevention (CDC) in collaboration with The Global Programme on AIDS of the World Health Organization (WHO). The programs and manuals are in the public domain and may be freely copied, translated, and distributed without restriction.

Accompanying the software application is an operational manual (Annex W) to aid the CMC to encode data in the software database, to check accuracy of encoded data, to aid in data analysis and to generate aggregated results. It will be the data repository for the interventions availed by clients and services provided in the clinics.

Since the sites are using the new software application for the first time, the ROMP Project designed and conducted an orientation activity for CMCs and other encoders on entering and editing data and simple data analysis (Annex X) and mentored them on actual data encoding. A cursory review of the site-specific datafiles from the Tri-Cities that contained data till June 30, 2014 of the ROMP Project revealed some missing, inconsistent, non-plausible and misspelled data. In July 2014, FHI 360 conducted another round of data cleaning of the Tri-City data files for quality data management. Likewise, data encoders were continually mentored on the proper filling-out of the PWID ICR and data encoding, cleaning and simple analysis. While there are already observed improvements in quality of data encoding, mentoring and coaching will be continued in Year 3 to further strengthen LGU capacity.

With the PWID database system already established, data could now be systematically generated by the 3 cities to better understand, among others, their PWID populations (eg. demographic profiles, risk-taking behaviours, monitor behavioural changes over time); assess service delivery and determine clients needs; and inform HIV program planning (e.g. logistical requirements and budgeting)

Y2 product developed:

1. HIV Disclosure Training Curriculum. Activities for Year 3

Y3 activities:

The following are ROMP activities corresponding to Treatment (Case Management) as reflected in the PWID CPS diagram above

Activity 2.3.1. Strengthening the CMT for HIV-positive PWID

All HIV-positive PWIDs detected or received in the Tri-City SHCs will be logged in the PLHIV Case Management Matrix and will all be provided the same treatment and care, thus removing the previous distinction between ROMP and non-ROMP clients. This allows not only standardization of case management but also expands benefits (e.g., SDN referrals) to all PLHIVs seen in the clinic.

Sub-activity 2.3.1.1. Conduct of Case Management Team Meetings

* The Forms were reviewed/ revised on June 9, 2014 and used by the SHCs on June 18, 2014.

† EpiInfo can be downloaded from www.cdc.gov/epi/epiinfo.htm.

- Cebu City – every **Last Friday** of the month
- Lapu-lapu City – every **Third Tuesday** of the month
- Mandaue City – every **Third Monday** of the month

Sub-activity2. 3.1.2. Post Training Mentoring & Coaching of CMCs

Activity 2.3.2. HIV-positive PWID case holding and follow-up.

To help ensure that HIV-positive clients are able to comply with the needed health facility visits, case holding and follow-up activities will be instituted. PEs will make the necessary arrangements to accompany the clients (and provide for their transportation) from their communities to the health facilities. Follow-up visits will also be conducted by PEs to help resolve clients' difficulties and assist them and enable them to visit the CHO for continuing interventions, compliance to requested testing procedures or adherence to prescribed treatment regimens.

For purposes of case holding and follow-up of HIV positive clients, clients coming in initially for VCT will be informed that:

- in the event they are unable to come back to get their results and/or come back for additional work-up, their HIV status maybe shared to one PE who will be tasked to follow-up on them in their respective community ; and
- that this PE is duty bund to ensure that their test result and identity remains confidential
- that their consent is needed for the clinic physician to share their HIV status to the PE assigned to follow-up with them.

E.2.4. Care and Support

In Y2, the ROMP Project assisted the Tri-City LGUs to establish the PWID HIV-positive support group (also known as PsP or Positive support for Peers) which had its initial meeting in December 2013. The project supported the establishment of the support group to provide a discussion ground for HIV issues and a venue for promoting and addressing pre-ART and ART care and adherence concerns. Further, it was envisaged to be a mechanism for harnessing peer influence to move HIV-positive PWIDs to adopt the desired health-seeking and treatment behaviors. Since its inception, the PsP has met regularly to discuss topics including HIV and AIDS, Hepatitis and TB, basic harm reduction skills, and disclosure of HIV serostatus to partners, among others. The documentation reports for the support group meetings are in Annex Y.

To guide the formation of the support group and at the same time document activities, processes and salient lessons, the *Operational Guide for the HIV-positive PWID Support Group in the Cebu Tri-City* (Annex Z) was developed and was used to orient CMCs and selected PWID PEs on PWID HIV-positive peer support group operations. Dr. Fiscalina Amadora-Nolasco, FHI 360 consultant, facilitated the orientation of 12 participants composed of three (3) CMCs, seven (7) support group members (6 are also FB-PEs) and two (2) representatives from GFATM and Cebu Plus. All successfully completed the orientation. The documentation report is in Annex AA.

In Y2Q4, the ROMP Project supported the training of PsP members on organizational development. The documentation report is in Annex BB.

Y2 product developed:

1. Operational Guide for the HIV-positive PWID Support Group in the Cebu Tri-City

Y3 activities:

Activity 2.4.1. Strengthening the HIV-positive PWID Support Group

Sub-activity 2.4.1.1. Capacity Building for the Peer Support Group.

After the conduct of the organizational development training, the peer support group was able to identify further training needs to capacitate the members of the organization, including leadership and interpersonal communication. A two-day training will be conducted to improve their leadership skills as well as their interpersonal communication skills to positively enhance the way they deal with other PWIDs, their families and significant others.

Sub-activity 2.4.1.2. Conduct of HIV-positive PWID Support Group Meetings

Activity 2.4.2. PsP-CD4 Testing (In collaboration with GF-TFM Project)

CD4 testing is available only in Vicente Sotto Memorial Medical Center (VSMMC) every last Friday of the month. The laboratory requires that blood from PWIDs be collected in the morning and submitted for laboratory processing within four (4) hours. There is no biologically valid support for this restriction; however, existing laboratory capacity cannot accommodate specimens collected and submitted in the afternoon. Many PWIDs cannot comply with the morning collection schedule (they are up at night and asleep in the morning) and therefore have not received CD4 testing. This has contributed to the low rate of ART initiation among HIV-positive PWID identified through ROMP (9.4%).

As a stop-gap solution to this issue, support group activities will be designed as live-in (overnight) activities to provide venue for the early morning blood collection. As a longer-term solution, ROMP has successfully advocated with the Cebu City LGU to purchase and place a point-of-care CD4 testing machine at the Cebu City SHC. Once procurement has been completed and necessary training and certification is complete, this will significantly strengthen service provision for ROMP clients and other HIV-positive patients and is anticipated to improve overall functioning of the HIV cascade.

Activity 2.4.3. Advocacy and mobilization activities during World AIDS Day

Advocacy activities as part of observance of World AIDS Day will focus on the need for comprehensive package of services for PWID. ROMP will collaborate with the LGUs and the Big Cities Project in the conduct of the observance of World AIDS Day.

Activity 2.4.4. Orientation and advocacy meetings with other agencies.

The activity aims to seek understanding, appreciation and support of concerned agencies (eg. DSWD, DILG, BJMP, BBRC, PDEA) for ROMP interventions, including tolerance on harm reduction initiatives.

E.2.5. Strengthening BCC programming

In Y2, ROMP together with the CHANGE Project organized the *PWID HIV Communication Workshops* where participants developed the PWID message house to guide message development and creative executions for PWID HIV communications. Suitable touch points were identified followed by materials pre-testing.

The identified touch points follow the PWID in his/her daily living (“day in the life”) to provide maximum exposure to the communication materials. Touch points include waiting sheds, electric posts, transportation vehicles used going to shooting galleries or the SHC, shooting galleries and surrounding areas in Kamagayan (e.g. concrete walls), convenience stores, eateries, the SHC clinics, waiting areas, toilets and hallways, and cheap motels. Stickers will also be done on all syringes/needles packs (procured by DOH and projects) that will be distributed.

Y3 activities:

Activity 2.5.1. Presentation of the HIV communication plan to DOH-NASPCP

Activity 2.5.2. Orientation of LGU Chief Executives on the HIV PWID Communication Plan

To be led by the CHANGE Project, ROMP will support the orientation of LGU executives on the HIV PWID Communication Plan and campaign. With the upcoming elections, Mayors of the Tri-City will be informed that the campaign is non-partisan (regardless of the colors used in the campaign materials).

Activity 2.5.3. Secure implementation approvals for the HIV PWID communication campaign

ROMP, in collaboration with the CHANGE Project, will secure the needed implementation approvals (from the barangay, city, public utility groups, etc.) for campaign execution in public area touch points (postering, stickering, graffiti, etc.)

Activity 2.5.4. Production/printing of HIV PWID communication materials

ROMP will support additional production/printing of the HIV MSM PWID communication materials developed under CHANGE assistance. These materials will be made available in the identified touch points as described in the communication plan. Likewise, the Tri-City health offices allotted funds for printing of communication materials.

E.2.6. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication

Over the course of implementation of the PWID CPS Model, various guidelines, in consultation with DOH and LGU partners were developed to facilitate implementation of specific activities. A compendium of these guidelines will be packaged for use of LGUs interested to implement the model in their locality and help ensure consistency and the quality of interventions.

In Year 2, ROMP planned to finalize the PWID CPS model framework and conceptualize the corresponding operational guide. However, finalization of the PWID CPS model framework was deferred given the additional time needed to determine whether earlier modifications to the PDR component would result in sufficiently increased client recruitment to merit recommending this as part of the CPS. As PDR underperformed in comparison to traditional, venue-based recruitment, it will not be recommended for replication.

Y3 activities:

Activity 2.6.1. Development of the MSM CPS Operational Guide (Compendium)

Sub-activity 2.6.1.1. Consultation and Planning Meetings.

Sub-activity 2.6.1.2. Develop the Operational Guide (Compendium) for the PWID CPS model.

The following are the modules/guides developed up to Y2 that may form part of the MSM CPS compendium:

1. Motiv8 training facilitators' guide for FB PWID PEs
2. Stigma Reduction and IDU Desensitization training design for SHC clinic staff
3. CMT Operations Guide/Terms of Reference
4. Social Hygiene Clinic Information System operations guide
5. Service delivery network operations guide for PWID PLHIV services
6. HIV-POSITIVE PWID support group operational guide
7. ROMP Project training database guide

Sub-activity 2.6.1.3. Costing of PWID interventions.

A companion document to the PWID CPS Operational Guide, costing of the PWID interventions will show LGUs on the investments needed to implement the interventions in their locality. ROMP will engage a suitable consultant to help identify the costing methodologies and tools and support the actual costing exercise.

Products to be developed in Y3:

1. PWID CPS Operational Guide (Compendium)
2. Costing of MSM Interventions

E.2.7. Managing Transition and Promoting Sustainability of Interventions

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

The ROMP Project planned to provide technical assistance to the Tri-City in preparing the transition and sustainability plan and drafting LGU and DOH policy/administrative issuances supporting implementation of the CPS model. From the initial discussions in Y2, this will be actively pursued in Y3.

Activities for Y3:

Activity 2.7.1. Conduct of the Transition and Sustainability Planning Workshop for the PWID interventions in the Cebu Tri-City

A workshop will be convened to prepare the Transition and Sustainability Plan for the PWID CPS Model in the Cebu Tri-City. The activity will aim to identify mechanisms to help promote sustainability of the PWID interventions, (includes conduct of Motiv8 sessions by facility based PEs*, Case Management including Case Management Team meetings and CMCs, Service Delivery Network, HIV TWG Meetings and PsP activities) beyond the project life. The Tri-City LGUs will spearhead the activity, with regional and national DOH, and other partners and stakeholders invited to the workshop to consolidate additional support and assistance.

Activity 2.7.2. Consultation meetings and technical assistance for drafting of LGU and DOH

* specifically for Motiv8 sessions, ROMP will focus on building capacity of a pool of core trainers composed of national and local partners who could be tapped during and beyond the project's life to conduct the Motiv8 training (described in Activity 2.1.2)

policy/administrative issuances

To further ensure sustainability of the interventions, ROMP will aim for the LGU and DOH adoption of the PWID CPS model through the passage of corresponding LGU and DOH policy/administrative issuances. Consultations will be made with local and national stakeholders and partners to prepare the draft issuances for filing in the appropriate DOH and LGU policy forum for deliberations and approval. ROMP will engage suitable consultant/s to help prepare the draft issuances.

Products to be developed in Y3:

1. LGU Transition and Sustainability Plan.
2. LGU and DOH policy/administrative issuances.

E.2.8. Project Management Activities

Activity 2.8.1. Monitoring PWID CPS Model Implementation

In Y2, Mr. Avery reviewed PWID component implementation progress as part of his project development and management visit. His findings are in Annex L. Also in Y2, the ROMP Project conducted the *ROMP-PWID Component Year 3 Operational Planning Workshop* from August 19-20, 2014. The ROMP-PWID Component Operational Plans for the cities of Cebu, Mandaue and Lapu-Lapu covered the remaining months of 2014 and Year 3 (2015) of the project. The draft Y3 operational plans are in Annexes CC1-3.

In terms of M&E the ROMP Project, in collaboration with the national and regional DOH and LGU partners, monitored implementation of ROMP interventions to track progress and gather information to help inform further adjustments or refinement of the PWID CPS model, when needed. FHI 360 convened weekly meetings with PNGOC to plan for activities and review accomplishments vis-à-vis targets, monitor outputs, identify operational issues and concerns and propose joint solutions. PNGOC held monthly meetings with project staff to review project and financial plans and accomplishments, including reporting requirements. Project accomplishments, including issues and concerns and proposed solutions were reported to the Tri-City LGU staff and FHI 360. When needed, these are elevated to DOH-CHD 7 and NASPCP.

Monthly meetings of the HIV TWG that includes feedback on ROMP Project accomplishments, led by the DOH-CHD 7 were held to promote coordination of activities with other projects (e.g. GFATM and Big Cities Project), discuss project accomplishments, issues and concerns.

Y3 Activities:

Activity 2.9.1. Monitoring PWID CPS Model Implementation (as scheduled during Y2)

Activity 2.9.2. Program Implementation Review/ Evaluation for the ROMP-PWID Component

A Program Implementation Review/Evaluation for the ROMP PWID component (joint activity with the MSM component) will be scheduled in March 2015 to:

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

- the effectiveness of these models, taking into account the modification/s implemented;
3. Propose refinements or adjustments to further strengthen the models; and
 4. Identify additional inputs and assistance to help ensure sustainability of the models.

Activity 2.9.3. End of Project Dissemination Meeting (PWID Component)

A dissemination meeting will be convened towards the last Quarter of Y3 to share the results of the ROMP Project CPS model for the PWID component. The activity will serve as the platform for disseminating the products developed including insights from the Cebu Tri-City implementation experience. In addition to local and national partners and stakeholders, key cities with sizable PWID populations will be invited to participate with the view of advocating for replication of the model in their respective localities.

F. Major Implementation Issues

The ROMP Project was able to address and overcome the implementation kinks in Y1 but service delivery start was delayed by three (3) months. A summary of major implementation issues in Y2 are in Tables 5 (MSM Component) and 6 (PWID Component).

Table 5. Major implementation issues identified for the ROMP Project-MSM component.

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions If Not Resolved
Technical	Incentive scheme for PDR is not enough to attract young, working-class MSM	Modified 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	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
	Increase in client coverage and service uptake not due to increases in PDR		
	Low HIV case finding from both the gay- identified and TG clients recruited and enrolled in the ROMP interventions		
	Some questions in the ICR are sensitive and potentially alienating and could serve as a barrier for developing rapport with clients before the Motiv8 session gets started	Identified the sensitive questions in the ICR and instructed the CMCs to defer asking these questions until after the Motiv8 session is completed	
	Aggressive follow-up of HIV-positive MSM 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 them up (meaning, the PEs will get to know clients' HIV status) in case they are unable to come back for	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions If Not Resolved
		their test results. The project will track the degree to which this results in client refusal.	
Management	Need for standardized HIV interventions for clients within the same facility A. Exposure to Motiv8 B. PLHIV Case Management	Other LGU PEs and GFATM SIO trained to conduct Motiv8 sessions Coordination with GFATM SIOs 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 GFATM PEs	ROMP FB-PEs to assist in conducting Motiv8 sessions for non-ROMP clients ROMP to provide monitoring/mentoring to other LGU and GFATM SIOs on Motiv8
	Data collection systems of ROMP, GFATM and walk-in clients in Klinika Bernardo are not linked	Discussed with the CHO, HIV Coordinator and Klinika Bernardo 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 GFATM SIO Conduct regular updating and cleaning of Klinika Bernardo database

Table 6. Major implementation issues identified for the ROMP Project-PWID component.

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

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions If Not Resolved
		PWIDs to encourage them to participate in ROMP interventions	
	Increase in client coverage and service uptake is not due to increases in PDR	The model will be modified wherein incentive scheme will be tapered then stopped and outreach-based recruitment strategies will be introduced	
	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	Sensitive questions in the ICR identified and CMCs instructed to defer asking these until after the Motiv8 session is completed	
	Limited knowledge of FB-PEs to respond to clients queries on Hepatitis	Learning group session (funded by GFATM) on Hepatitis and <i>shabu</i> use conducted	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 aide in responding 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 FHI 360 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 the 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.	Testing proactively offered to those who were previously tested more than 6 months in the past as well as previously tested clients who do not know their results regardless of testing date.	
	Continued disruption of needle-syringe distribution in Cebu with more intensified drive of drug enforcement authorities	Distribution was relocated to the SHC to diffuse attention from the former distribution point that is located beside the City Office on	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions If Not Resolved
	<p>Delivery of services in the HIV cascade could not proceed further than HIV testing due to lack of funding to support needed laboratory services</p>	<p>Substance Abuse and Prevention (COSAP)</p> <p>Cost of pre-ART work-up proposed to be included as part of the PBG in Mandaue City</p> <p>Meeting appointment with City congressman is requested to explore funding support for the needed pre-ART laboratory work-up</p>	
	<p>CD4 testing a major barrier for case management to proceed across 3 sites</p>	<p>ROMP negotiated with NEC to provide point-of-care CD4 machine to Cebu City</p>	
	<p>Aggressive follow-up of HIV-positive PWID in the community and related disclosure of HIV status</p> <p>PEs are not supposed to know the client's HIV status without their consent</p>	<p>Clients to be routinely asked for consent for PEs to follow them up (meaning, the PEs will get to know clients' HIV status) in case they are unable to come back for their test results. The project if track the degree to which this results in client refusal.</p>	
	<p>Asymptomatic HIV-positive PWIDs are referred by Lapu-Lapu and Mandaue to the Cebu SHC for ART initiation (symptomatic cases are referred to VSMCC). 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.</p>	<p>Mechanisms for co-management of clients was explored with the SHCs of the Tri-City. Operationalizing the scheme is being developed.</p>	
<p>2. Management</p>	<p>Need for standardized HIV interventions for clients within the same facility</p> <ul style="list-style-type: none"> A. Exposure to Motiv8 B. PLHIV Case Management 	<p>Other LGU PEs and GFATM SIO trained to conduct Motiv8 sessions</p> <p>Coordination with GFATM SIOs to participate in the CMT meetings</p> <p>CMT Chair to include in the CMT meeting agenda the review of PLHIV cases recruited</p>	<p>ROMP FB-PEs to assist in conducting Motiv8 sessions for non-ROMP clients</p> <p>ROMP to provide monitoring/mentoring to other LGU and GFATM SIOs on Motiv8</p>

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		and followed up by GFATM PEs	
	<p>Limited laboratory capacity in Lapu-Lapu City to respond to PWIDs' HIV testing needs.</p> <p>There is only one medical technologist responsible for performing all laboratory tests requested in the LGU.</p>	<p>Possibility of community assigned medical technologist to support HIV testing of PWIDs during specific periods being explored</p>	
	<p>Clients returning for needle-syringe distribution are not captured for repeat visit under ROMP as they go directly to the needle-syringe distribution point and skips the ROMP clinic.</p>	<p>Coordinated with Cebu Plus and CCHD to ensure needles are not provided to returning clients until after service provision at ROMP is completed.</p>	
	<p>Data collection systems not linked in Mandaue and Cebu</p>	<p>Discussed with the CHO and SHC Physician and GFATM Nurse in Mandaue to encode all client ICRs using database software developed with assistance of ROMP.</p> <p>ROMP conducted the refresher training on data entry and database management that included GFATM SIOs and Cebu-Plus in August 2014</p>	

G. 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
			Jul'14 (Final)	Aug'14 (Final)	Sep'14 (Prelim)		
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					

H. Success Stories/Highlights

Implementation MSM and PWID interventions were started at the beginning of Year 2. To date, the following activities demonstrated *potential* success from the perspective of sustainability in the partner cities and replicability in other LGUs (separate narratives following the prescribed USAID format will be prepared and submitted in Y3Q1 to allow time for service data to be collected, as needed, to help support the report):

Motivational Interviewing for FB-PEs

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

Motiv8, a form of motivational interviewing adapted by ROMP from Project Safe Talk, employs approaches to encourage HIV testing, results notification, follow-up testing, ART initiation and treatment adherence, and the use of prevention commodities. Training curricula and materials for use of FB-PEs were developed as a second-level (or advanced) capacity building training for PEs.

Conduct of Motiv8 sessions in the project partner health facilities is already adopted as the standard intervention for all clients received in these facilities (starting in Year 3), expanding the delivery of this initiative beyond the initial ROMP recruited clients.

Case Management Approach

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

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

To help plug the leaks along the HIV cascade of services, ROMP has introduced case management services into the continuum of care for PLHIVs. Clients are managed as cohorts, referred and tracked within the HIV SDN, and individually followed up by the CMC over time to improve treatment, care and support outcomes.

The CMC supports meetings by the CMT, which make decisions for referrals to other facilities based on client needs. The CMC also identifies the cases for review during the CMT meetings and follows through implementation of CMT recommendations.

The Case Management approach has already been adopted by the project partner health facilities. Beyond the initial roster of HIV-positive clients enrolled in ROMP interventions, PLHIVs identified by other projects (GF-TFM, BCP, Take the test) including walk-in clients will now be included for management review by the CMTs starting in Year 3.

Service Delivery Network for PLHIV

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

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

PWID HIV-Positive Support Group

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 to determine ART eligibility. 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 will aim to further extend these positive behavioral shifts to include other services along the HIV cascade, including treatment initiation and retention.

Same Day Release of HIV Screening Test Result

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 IHBS 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.

In Mandaue City, the percentage of PWID who were tested and received their results was 66% in Q1 and 64% in Q2. In Q3, the LGU committed to using GFATM support to hire an additional medical technologist whose priority was processing and returning HIV screening test results within a single visit – at that clinic, 97% got their test results in Q3 then 100% in Q4. Same-day delivery of screening test results will now be expanded to PWID clients at all sites.

Klinika Bernardo as Galing Pook Awardee

The centerpiece of the ROMP Project’s assistance to HIV prevention and control programming for the MSM component is the development of Klinika Bernardo as a model MSRH facility in the Philippines. With USAID support, the Quezon City government-owned facility was recognized as an award-winning governance initiative for 2014 by the Galing Pook Foundation.

From over 200 “good practices” of LGUs all over the Philippines, the setting-up, daily operations and continuing improvement of Klinika Bernardo merited its selection as one of ten innovative governance initiatives. The city government was awarded Php100,000.00 by the Galing Pook Foundation to augment Klinika Bernardo upgrading. Recently, the ROMP Project supported the Development of Klinika Bernardo as “satellite” ART clinic and is continually assisting QCHD so that Klinika Bernardo will be accredited as such by PhilHealth.

The Quezon City Health Department will now duplicate the experience and expand access to MSM services with the setting up of Klinika Novaliches, a facility patterned after Klinika Bernardo operations.

I. Communication and Outreach

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
Quarterly Highlight	<p>Launching of the SDN for PLHIV in Quezon City and the adoption by members of the SDN Operational Guidelines formalized through the signing of Memorandum of Understanding among the heads of member agencies/organizations. The activity was led by Quezon City Mayor Herbert Bautista with Ms. Judy Chen, OIC, OH, and USAID as part of the observance of World AIDS Day last December 12, 2013 at the Sulo Riviera Hotel.</p>	<p>Photo news posted in the USAID FB page: https://www.facebook.com/media/set/?set=a.644994412233555.1073741889.107439155989086&type=1</p> <p>Article (News Article 1) published in the FHI360 Asia Pacific Regional Office Newsletter Volume 3: October-December 2013 Newsletter was circulated to stakeholders and partners at the national and local level</p> <p>News releases posted in 3 different daily journals and websites on December 14, 2013: http://www.journal.com.ph/index.php/news/metro/63653-qc-to-open-special-M-hygiene-clinic http://www.philstar.com/psn-metro/2013/12/15/1268094/dagdag-klinika-kontra-aids-bubuksan-sa-qc http://www.remate.ph/2013/12/klinika-pa-para-sa-may-aids-bubuksan-sa-qc/#.UrfOn3msjwI</p>
Radio Guesting	<p>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</p>	<p>The estimated reach of RGMA network (radio) at the specified time slot is 10,000 listeners.</p>

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
	increase in HIV prevalence among PWIDs.	
<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 DOH-CHD 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. 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. The SDN MOU and the PBG MOA signed during the activity will benefit the estimated 1,440 targeted ROMP PWID clients in the tri-city area.</p>

News Article 1: FHI360 Asia Pacific Regional Office Newsletter Volume 3: October-December 2013

Service Delivery Network for PLHIV Established in Quezon City, Philippines



The Quezon City government, with technical assistance from the Philippine Department of Health (DOH), the Department of Social Welfare and Development (DSWD) and the USAID-funded Reaching Out to Most-at-risk Populations (ROMP) Project implemented by FHI 360, established a service delivery network (SDN) for People Living with HIV (PLHIV) in Quezon City. The network was formally launched on December 12, 2013 through the signing of a memorandum of understanding between Quezon City Mayor Herbert

Bautista and representatives of the agencies. In his message, Mayor highlighted the pivotal role of local providing health and non-health PLHIV and stressed his continually improve service the upgrading of services at Klinika first local-government operated clinic in the Philippines), and the operationalization of another government wellness clinic in Novaliches, Quezon City.

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

SDN member Bautista governments in services to commitment to delivery through Bernardo (the Male wellness

HIV prevalence among Ms having sex with Ms (MSM) in the city rose to 6.6% in 2013 from 1.4% in 2009. “The SDN will improve the delivery of a comprehensive package of health and non-health services to more than 1,100 HIV-positive MSM in Quezon City.” Mayor Bautista said that he will

support the use of modern technology (such as social networking platforms and short message services) to improve service delivery, promote HIV testing and amplify HIV prevention efforts since these technologies are commonly used by MSM today.

J. Additional Information

In Q4, the ROMP Project was able to orient Cebu Tri-City implementers on Informed Choice and Voluntarism (ICV) as part of the HIV Disclosure Training among PWID in the Cebu Tri-City. A total of 22 participants (14 males : 8 females) were oriented, additional details are in Annex EE.

In Y1, The ROMP Project participated in the USAID Orientation on Regulation 216, otherwise known as Environmentally Sound Design and Management (of projects). The orientation provided guidance to assess and mitigate possible environmental impacts of projects. The ROMP Project Initial Environmental Examination found that the project poses no expected adverse environmental impacts and recommended “categorical exclusion” determination (Annex FF).

Also in Y1, ROMP participated in the PRM Orientation Workshop on Gender Action Planning and Disability. Upon analysis of the ROMP Project, it was concluded that the project is gender-responsive. The gender action plan status to date is in Annex HH.