



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

Quarterly Report (Year 3 – Q1)
October 1 to December 31, 2014



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Contents

Acronyms	iii
Executive Summary	1
A. Situation.....	3
B. The Project and Objectives	3
C. Accomplishments.....	4
C.1. MSM Component.....	5
C.2. PWID Component	9
D. Reasons for Variances in the Performance.....	14
D.1. MSM in Quezon City	14
D.2. PWID in the Cebu Tri-City	16
E. Milestone, Key Tasks, and Activities	17
E.1. MSM component	17
E.1.1. Prevention and Education	18
E.1.2. Diagnosis of HIV, STI and TB.....	20
E.1.3. Case Management	22
E.1.4. Care and Support	23
E.1.5. Strengthening Behavioral Change Communication (BCC) Programming	23
E.1.6. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication	23
E.1.8. Managing Transition and Promoting Sustainability of Interventions:	24
E.2. PWID component.....	24
E.2.1. Prevention and Education	25
E.2.2. Diagnosis of HIV, STI and TB:.....	27
E.2.3. Case Management	27
E.2.4. Care and Support	28
E.2.5. Strengthening BCC programming.....	29
E.2.6. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication	30
E.2.7. Managing Transition and Promoting Sustainability of Interventions	30
F. Major Implementation Issues	32
G. Financial Reports	34
H. Communication and Outreach	34

Acronyms

AIP	Annual Implementation Plan
AMTP	AIDS Medium Term Plan
ART	Antiretroviral Treatment
BCP	Big Cities Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CMC	Case Management Coordinator
CMT	Case Management Team
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
HHRDB	Health Human Resource Development Bureau
ICR	Individual Client Record
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
IR	Intermediate Result
HCT	HIV Counseling and Testing
KCCC	Kamagayan Comprehensive Care Center
LGU	Local Government Unit
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MSM	Males having Sex With Males
MSRH	Male Sexual and Reproductive Health
NCR	National Capital Region
NEC	National Epidemiology Center
PDR	Peer Driven Recruitment
PLHIV	Persons Living with HIV
PMP	Performance Management Plan
PNGOC	Philippine NGO Council on Population, Health and Welfare
PR	Peer Recruiter
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
RITM	Research Institute for Tropical Medicine
ROMP	Reaching Out to Most-at-Risk Populations
SDN	Service Delivery Network
SHC	Social Hygiene Clinic
SIO	Site Implementation Officer
SMS	Short Message Sending
SOP	Standard Operating Procedure
SOW	Scope of Work

TG	Transgender
ToT	Training of Trainers
TXTBro	MSM Text Messaging Service
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VSMCC	Vicente Sotto Memorial Medical Center
WAD	World AIDS Day
Y	Year

Executive Summary

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

This report covers Year 3 – Quarter 1 (Y2Q3) of the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project, corresponding to Phase III (CPS Model Pilot Testing) of the ROMP Project Framework.

With the client recruitment strategy already modified at the end of Year 2, ROMP in Y3Q1, focused on implementing recommendations aimed to increase client recruitment and the delivery of HIV services cascade. Changes in client recruitment that were introduced included for the MSM-Component the enrolment of all walk-in clients into the ROMP interventions, referral by other LGU and Global Fund for AIDS, Tuberculosis and Malaria (GFATM)-supported peer outreach workers, and the expansion of client recruitment to include the MSM clients in Klinika Novaliches. For the PWID-Component, referral by GFATM-supported peer outreach workers (in Cebu and Mandaue), conduct of community desensitization followed by PWID parties (all sites), intensive community mapping and recruitment (in Lapu-Lapu City), and the expansion of client recruitment in Cebu to include those visiting the Kamagayan Comprehensive Care Center (KCCC) of the Big Cities Project (BCP) were introduced.

The major accomplishment for the quarter for the MSM Component includes the substantial increase in MSM client recruitment with cumulative accomplishment of 60% of LOP target at the end of the quarter; conduct of 2014 World AIDS Day (WAD) celebration by the Quezon City government plus the refurbishment of Klinika Bernardo, conduct of Service Delivery Network (SDN) and Case Management Team (CMT) meetings convened by the QCHD and KB respectively, and the finalization of the MSM HIV Communication Plan in partnership with the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project. Major accomplishments for the PWID Component includes the substantial increase in PWID client recruitment with cumulative accomplishment of 87% of LOP target at the end of the quarter, finalization of the design for *Implementing the PWID Mapping and Service Provision Activities in Lapu-Lapu City*, conduct of Basic HIV/AIDS/STI Training for PWID Peer Educators, Palliative care training for PWID PLHIV service providers, capacity-building (Reporting) training for ROMP Case Management Coordinators (CMCs) and Facility-Based Peer Educators (FB-PEs), SDN meetings, HIV-positive Support Group and CMT meetings for PWIDs.

During this quarter, the project faced challenges in transitioning HIV-positive clients across the service cascade, particularly for PWIDs. Key reasons for low performance includes continued reliance of the Philippines on confirmatory testing at SACCL which can take up to (or exceed) 1 month to deliver results, leave of absence Cebu City SHC staff (responsible for coordination of all confirmatory testing in the Tri-City) has not thus far shipped any test samples for confirmation in

Y3Q1, CD4 testing reagent stockout in VSMMC (only facility in the Tri-City currently doing CD4 testing) and new supplies are not expected until January, and the rapid, point-of-care CD4 testing machine requisitioned for the Cebu City SHC has not yet been delivered. ROMP has made efforts to address barriers to transitioning HIV-reactive PWID onto treatment to include supporting the registration of HIV-positive PWID under PhilHealth, securing support for TB screening under the GFATM TB program and other pre-initiation testing under the GFATM HIV Enabler's Fund, and advocating for the purchase of a CD4 machine to be placed in the Cebu City SHC.

For this quarter, ROMP has made significant progress in encouraging the sustainability of specific project components beyond the end of USAID support. The Service Delivery Network (SDN) piloted by ROMP in Quezon City and the Cebu Tri-City is low cost and LGUs have already expressed interest in adopting these. Additionally, in Quezon City facility-based peer educators are already LGU staff. The government has shown commitment to adopting successful components of ROMP by (1) supporting establishment of a second "sundown clinic"; (2) recruiting additional peer educators; and (3) expanding the use of Motiv8 to cover MSM served at both clinics and through GFATM as well as USAID funding. ROMP will further support sustainability of motivational interviewing as part of the peer education approach by conducting a training of trainers in Y3Q2.

In the Cebu Tri-City, the situation is more complicated as FB-PEs and CMCs are not part of existing LGU staff but supported directly by ROMP. City Health Office staff in Cebu City and Lapu-Lapu have already requested additional funding to bring these staff onto the LGU payroll beyond the end of ROMP support (albeit at a lower level). In Mandaue, the City Health Officer has noted that no additional job orders are likely to be approved before the upcoming elections – in the meantime, the only potential for bringing ROMP staff onboard with LGU funding is in the event that existing LGU staff vacate already funded positions. ROMP is pursuing additional sources of bridge funding to support facility-based peer education and case management until after the LGU elections – this includes through an additional DOH performance-based grant or RO7 HIV/AIDS Program. The DOH Regional Director is amenable to support the positions and requested the ROMP project to work with the LGUs to prepare and submit a proposal. Likewise, he also expressed willingness for the Regional HIV/AIDS Program to continue to convene and support conduct of the PWID SDN and HIV TWG meetings beyond the project's life.

At the end of Y3Q1, the project incurred a burn rate of 55.36%. With 9 months remaining in the project life, ROMP reviewed and updated its Year 3 Budget and Spending Plan. The final budget consolidates unspent allocation from Year 2 and will support adjusted activities of MSM and PWID intervention models fine-tuned and finalized only at the end of Year 2. Budget for Y3 is higher than Y1 and Y2 as the project moves forward and accelerates activity implementation towards meeting service delivery targets and completing the major deliverables programmed towards the end of the project. The Year 3 budget is planned to be fully consumed at the end of the project with the completion of activities as described in the ROMP Y3 AIP.

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 quarterly report prepared by Family Health International (FHI) 360 and its subawardee, the Philippine NGO Council on Population, Health and Welfare (PNGOC), covers Year (Y) 3 Quarter (Q) 1 (October 1-December 31, 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.

C. Accomplishments

Salient accomplishments in Y3Q1 were (details are in appropriate topics in *Section E: Milestones, Key Tasks and Activities*):

For the MSM Component:

- Substantial increase in MSM client recruitment in Y3Q1 with cumulative accomplishment of 60% of LOP target at the end of the quarter
- Implementation of 2014 World AIDS Day (WAD) celebration by the Quezon City government plus the refurbishment of Klinika Bernardo supported.
- Service Delivery Network (SDN) and Case Management Team (CMT) meetings for MSM conducted.
- In partnership with the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project, the MSM HIV communication plan was finalized.

For the PWID Component:

- Substantial increase in PWID client recruitment in Y3Q1 with cumulative accomplishment of 87% of LOP target at the end of the quarter
- Design for *Implementing the PWID Mapping and Service Provision Activities in Lapu-Lapu City* finalized
- Basic HIV/AIDS/STI Training for PWID Peer Educators conducted from October 13-17, 2014
- Palliative care training for PWID PLHIV service providers conducted from October 27-29, 2014
- Capacity-building (Reporting) training for ROMP Case Management Coordinators (CMCs) and Facility-Based Peer Educators (FB-PEs) conducted from December 14-15, 2014
- SDN, HIV-positive Support Group and CMT meetings for PWIDs conducted.

C.1. MSM Component

Based on the indicators and targets contained in the ROMP Project approved Performance Management Plan (PMP) dated July 9, 2014, the following are accomplishments for the MSM Component till Y3Q1:

Table 2. ROMP Project-MSM component accomplishments by indicator. Quezon City. Oct 1, 2013 – Dec 31, 2014.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 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	296	183				479 (60%)	Difference from end of project target: 321
HIV 5: P11.1.D: Number of MSM who received testing and counselling services for HIV and received their test results	0 (2013)	800	296	183				479 (60%)	Difference from end of project target: 321
HIV 6: P9.4.N: Percentage of men reporting the use of	24% (IHBSS, 2011)	50%	50/95 x 100 = 53%	8/32 x 100 = 25%				8/32 x 100 = 25%	The numerator is the number of MSM recruited

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
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									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%	15/21 x 100 = 71%	29/29 x 100 = 100%				44/50 x 100 = 88%	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 2 CMC	3 FB-PE 2 CMC				3 FB-PE 2 CMC	Note: Although trained, the CMCs and FB PEs will not be overseeing PDR anymore since this has already been discontinued. In addition, 1 CMC and 1 FB-PE were trained in Klinika Novaliches
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches and messaging service developed	0 (2012)	1 Framework and 1 Compendium	1 Framework and 0 Compendium	0				1 Framework and 0 Compendium	MSM CPS model framework completed in Y1. The operational guidelines compendium to be completed in Y3Q3.
HIV 12: Number of FB-PEs and CMCs designated to implement CPS for MSM in Klinika Bernardo	0 (2012)	3 FB-PE 1 CMC	3 FB-PE 2 CMC					3 FB-PE 2 CMC	Target met in Y1.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
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 2 CMC	3 FB-PE 2 CMC				3 FB-PE 2 CMC	In addition, 1 CMC and 1 FB-PE are implementing MSM interventions in Klinika Novaliches
HIV 15: Number of LGUs with ROMP-supported health facilities with available client-acceptable HIV prevention commodities (syringe/needles and condoms and lubricants)	0	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)	6					6	No modules/guides to be developed in Y3.
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.
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	0	0				0	Mentored but not included in accomplishment because they are not included when targets were set were 6 male and 2 female staff of Klinika Novaliches.
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)	88	34	31				65 (74%)	Difference from end of project target: 23
HIV 20: Number of MSM recruited through PDR	0 (2012)	1,000	302					302	PDR as the recruitment model is dropped in Y3.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
HIV 21: Number of MSM reached through facility-based motivational intervention approaches and/or messaging service with appropriate messages	0 (2013)	1,000	302	218				520 (52%)	Difference from end of project target: 480
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 Y3Q3.
HIV 23: Quezon City government policy issuances supporting the implementation of PDR, Motiv8, SDN, MSM text messaging service (TxtBRO) and case management team (CMT) issued	0 (2012)	1	0	0	0	0	0	0	Indicator target to be completed in Y3Q3.
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	10	16				26 (76%)	Difference from end of project target: 8

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 till Y3Q1:

Table 3. ROMP Project-PWID component accomplishments by indicator. Cebu Tri-City. Oct 1, 2013 – Dec 31, 2014.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 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 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	620 M (M): 577 F (F): 43	383 M: 352 F: 31				1,003 (87%) M: 929 F: 74	Difference from end of project target: 149
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	513 M: 475 F: 38	340 M: 309 F: 31				853 (74%) M: 784 F: 69	Difference from end of project target: 299
HIV 7: Percentage of PWID who did not share needles	25% (IHBSS, 2011)	50%	253/377 x 100=	29/32x100= 91%				282/409 x 100	The numerator includes all PWIDs who did not share

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
during last injection increased from 25% in FY 11 to 50% in FY 15			67%					= 69%	needles during last injection with other PWIDs. The denominator is the number of PWIDs who were already exposed to a Motiv8 session (Revisit).
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%	32/204 x 100 = 16%	12/34 x 100= 35%				44/238 x 100= 18%	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: 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	Note: Although trained, the CMCs and FB PEs of Mandaue and Lapu-Lapu will not be overseeing PDR anymore since this has already been discontinued.
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches, messaging service and HIV-positive PWID support group developed	0 (2012)	1 Framework and 1 Compendium	1 Framework and 0 Compen- dium	0				1 Framework and 0 Compendium	PWID CPS model framework completed in Y1. The operational guidelines compendium to be completed in Y3Q2.
HIV 13: Number of FB-PEs and CMCs designated to	0 (2012)	9 FB-PE M: 6	9 FB-PE M: 9					9 FB-PE M: 9	Target met in Y1.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
implement CPS for PWID in Cebu, Mandaue and Lapu-Lapu SHCs		F: 3 3 CMC M: 3	F: 0 3 CMC M: 1 F: 2					F: 0 3 CMC M: 1 F: 2	
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: 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)	0	3	1 (Cebu City)	1 (Lapu-Lapu City)				2	Despite the non-occurrence of stock-outs during the quarter, needle-syringe distribution was halted periodically because of legal issues. Mandaue CHO is still not ready to implement needle syringe program.
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)	8					8	No modules/guides to be developed in Y3.
HIV 17: H2.3.D: Number of health care workers who successfully completed an in-service training program within the reporting period	0 (2012)	23 M: 9 F: 14	0					38 M: 19 F: 19	Target met in Y1.
HIV 18: Number of PWID FB-PEs, CMCs/support group facilitator and Tri City SHC organic staff who received post-training/post-orientation	38 (2013)	23 M: 11 F: 12	0	15 M: 10 F: 5				15 M: 10 F: 5	Also mentored in Y3Q1, but not counted in the total tally for the indicator were 28 individuals (9 Fs and 19 Ms) who were SHC staff from the Tri-Cities and

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
mentoring and coaching									Danao City, PWID support group members (PSP) and Global Fund PEs and staff.
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	209 M: 191 F: 18	34 M: 29 F: 5				243 (37%) M: 220 F: 23	Difference from end of project target: 419
HIV 20: Number of PWID recruited through PDR	0 (2012)	720	295 M: 285 F: 10					295 M: 285 F: 10	PDR as the recruitment model in Lapu-Lapu and Mandaue is dropped in Y3.
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	665 M: 618 F: 47	383 M: 352 F: 31				1,048 (73%) M: 970 F: 78	Difference from end of project target: 392
1.3.3 HIV/AIDS program policies and systems improved									
HIV 22: AO by the DOH to local governments endorsing adoption of CPS models for PWID drafted	0 (2012)	1	0					0	Indicator target to be completed in Y3Q3.
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	0					0	Note: PDR to be excluded in the policy issuance. Indicator target to be completed in Y3Q1.
HIV 24: Number of PWID	0 (2012)	236	95	45				140	Difference from end of

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accom- plishment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
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)			M: 86 F: 9	M: 37 F: 8				M: 123 (52%) F: 17	project target: 96

D. Reasons for Variances in the Performance

With the client recruitment strategy already modified at the end of Year 2, ROMP in Y3Q1, focused on implementing recommendations aimed to increase client recruitment and the delivery of HIV services cascade. Changes in client recruitment that were introduced included:

MSM-Component:

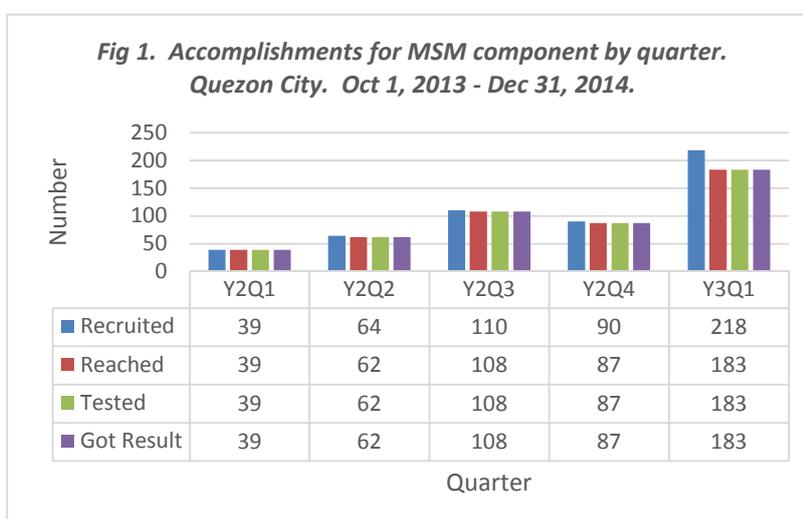
- Enrolment of all walk-in clients into the ROMP interventions
- Referral by other LGU and Global Fund for AIDS, Tuberculosis and Malaria (GFATM)-supported peer outreach workers, and
- Expansion of client recruitment to include the MSM clients in Klinika Novaliches

PWID-Component:

- Referral by GFATM-supported peer outreach workers (Cebu and Mandaue),
- Conduct of community desensitization followed by PWID parties (all sites)
- Intensive community mapping and recruitment (Lapu-Lapu City)
- Expansion of client recruitment in Cebu to include those visiting the Kamagayan Comprehensive Care Center (KCCC) of the Big Cities Project (BCP).

D.1. MSM in Quezon City

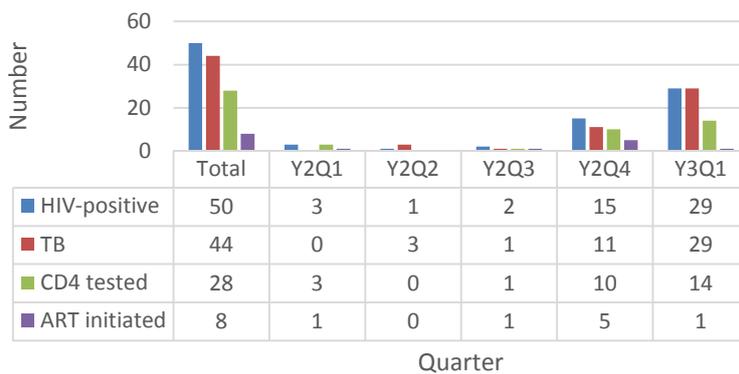
In Y3Q1, the ROMP Project recruited 218 MSMs --- a substantial increase in service uptake compared to the performance in previous quarters (Table 1). This was driven by the QCHD decision to adopt a Motiv8 counseling as a standard intervention to be provided to all Klinika Bernardo clients regardless of how they were recruited and referred to the facility. Moreover, the QCHD also expanded the delivery of MSM services with the opening of Klinika Novaliches which is patterned after Klinika Bernardo. From November 2014, an additional 47 MSM were recruited in this clinic. Uptake is also expected to increase further as GFATM-funded staff will also be referring clients for Motiv8. The QCHD had issued formal



instructions to the GF-SR (AIDS Society of the Philippines) to start implementation of referrals beginning this quarter. Based on the need to generate sufficient and sustainable clinic uptake, and on requests of ROMP-supported peer educators, it was also recommended that both Klinika Bernardo and Klinika Novaliches experiment with allowing limited and targeted outreach by FB-PEs on a rotating basis. This represents a departure from the original ROMP-supported model, but is no different from the flexibility shown to FB-PEs in the Tri-City to ensure a sufficient client base for the participating clinics.

The increase in service uptake is encouraging; however, Y3Q1 is the first time this project site has seen a noticeable deficit between individuals recruited and those who got tested for HIV (16% of recruited MSM were not tested). This may be due to the FB-PEs and project staff report that the frequent absence from work of the Medical Technologist due to training requirements or family responsibilities resulted to clients being denied of services. The Quezon City Health Officer has been informed of this difficulty and has agreed to explore engaging an alternate medical technologist for those times when existing staff are required elsewhere. Additionally, the ROMP CMCs will coordinate with FB-PEs to inform them in advance of any service interruptions.

Fig 2. Number of HIV-positive MSM screened for TB, tested for CD4 and initiated on ART by quarter. Quezon City. Oct 1, 2013 - Dec 31, 2014.

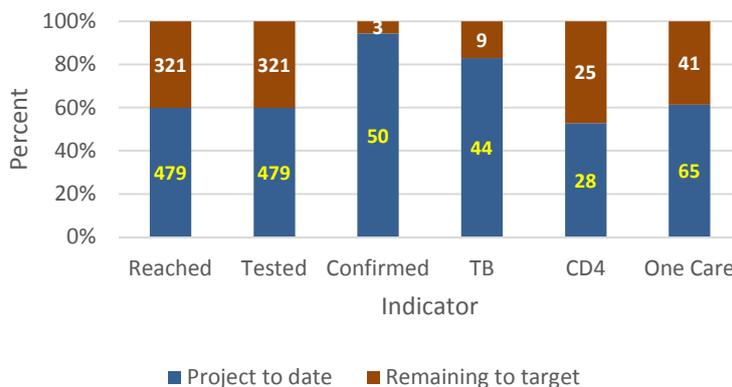


The project was able to identify more HIV-positive cases in this quarter than in all quarters of Y2 combined (Figure 2). All were screened for TB (both symptomatic and chest x-ray). However, despite the acquisition of Klinika Bernardo of a point-of-care CD4 machine and an initial supply of 200 test kits, CD4 level was not determined in 15 of the 29 identified HIV-reactive cases in Y3Q1 as the QCHD opted to wait for results of HIV confirmatory testing before

proceeding with CD4 determination.

Only 1 of the 29 identified HIV-positive cases in Y3Q1 is already on ART. 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.

Fig 3. ROMP Project progress toward target. Quezon City. Oct 1, 2013 - Dec 31, 2014.

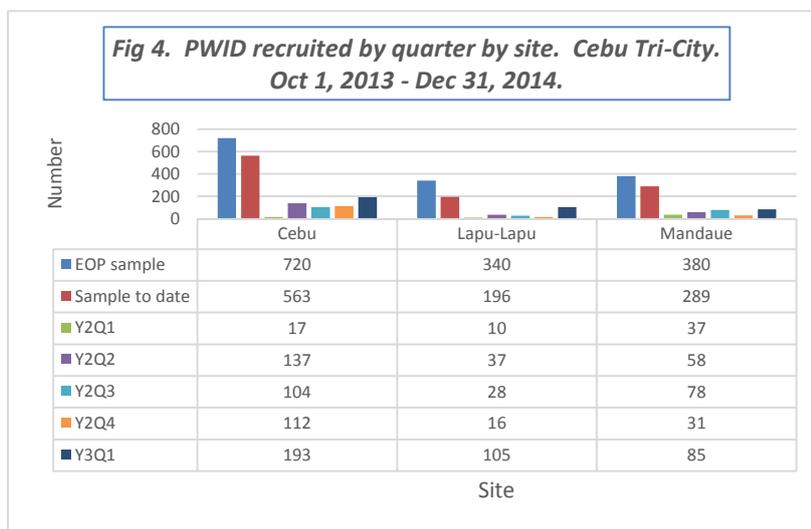


As can be seen in Figure 3, the ROMP MSM component has reached more than halfway to its overall target for clients reached and tested – staff report a strong drive to make up under-recruitment during Y2 in the remaining months of project implementation. Case management will be intensified in the remaining quarters of Y3, specifically, CD4 determination and provision of one care service to social and sexual networks, caregivers and

relatives of HIV-positive MSMs recruited to the ROMP Project.

D.2. PWID in the Cebu Tri-City

From October 1 – December 31, 2014, a total of 383 PWIDs were recruited from the Tri-City, broken down as follows: 193, 105 and 85 PWIDs from the cities of Cebu, Lapu-Lapu and Mandaue, respectively (Figure 4). Lapu-Lapu City immensely increased recruitment performance through identification of new clients as part of an LGU-funded mapping exercise. The Lapu-Lapu City Health Office secured the support of barangay officials in selected communities and mobilized Barangay Health Workers to help identify and reach PWIDs in their areas and refer them for enrollment into ROMP interventions. It is hoped that PWID identified through the mapping will be able to assist FB-PEs in reaching further into underserved networks.



Improvements in reach have also been driven by intensified recruitment through PWID “parties” particularly in Mandaue City and the recruitment and provision of Motiv8 to PWID clients in Kamagayan Comprehensive Care Center supported by the BCP. The Cebu City SHC adopted the Motiv8 as a standard intervention for all PWID clients and had arranged for ROMP CMC and FB-PE to provide Motiv8 sessions to PWID clients in KCCC.

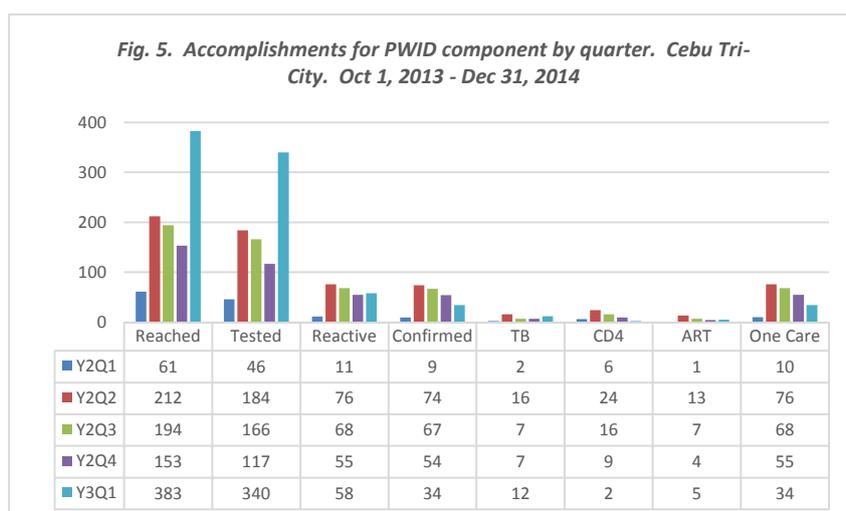
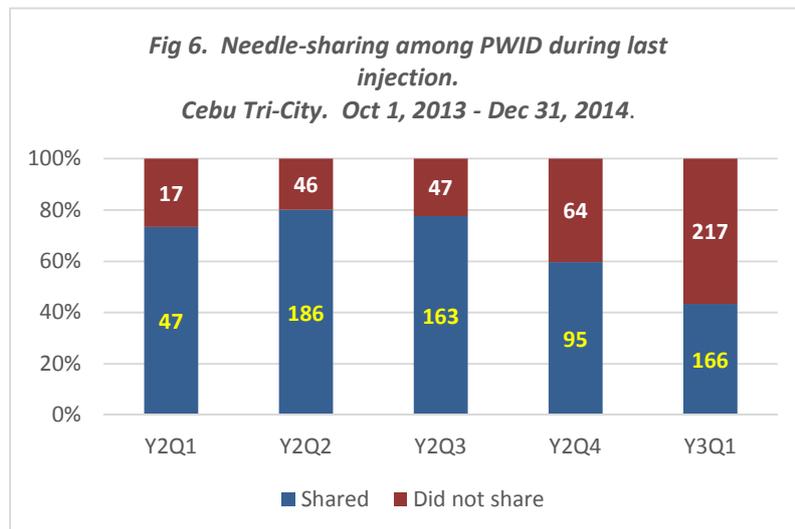


Figure 5 shows that there has been significant improvement over project life regarding delivery of screening test results, with only 11% lost to follow-up in Y3Q1, compared to more than 25% in Y2Q1. This improvement has been driven by adoption of same-day test result delivery (at least in Mandaue City and during the intensive mapping in Lapu-Lapu City) as well as aggressive follow-

up by FB-PEs to reengage clients who are lost to services. As an additional improvement, and based on the previous ROMP technical assistance, Cebu City SHC staff have redesigned client flow to ensure that PWID collecting needles and syringes are seen by the ROMP CMC before they can collect their commodities.

Figure 5 also shows that there is a significant drop in detecting HIV-reactive PWIDs from a high of 35% or more in the three previous quarters to only 15% in Y3Q1. This despite the fact that almost one out of two shared needles during their last injection, almost three out of four injected multiple times per day and four out of five did not use a condom during last sex. A closer look at needle sharing though would indicate that beginning in Y2Q3, there is a steady increase in the number of PWIDs who did not share needles during the last injection (Figure 6). It is possible that the project is reaching into lower-risk subpopulations of PWID.



Availability of needles and syringes continues to be a challenge in the Tri-City. Of the three sites, only Lapu-Lapu has managed a consistent and accessible supply of needles and syringes. The Mandaue City Health Officer still refuses to allow distribution in the health office or in the community, and instead refers PWID to Cebu City for their needle-syringe supply. However, the Cebu City social hygiene clinic (SHC) had recently cut back on needle and syringe distribution and will

only allow this activity for HIV-positive PWID registered at the clinic and for ROMP clients during their first two visits. All other PWID are referred to the BCP research site at Kamagayan, which has restricted the number of needles distributed per visit and which is too far for PWID in some outlying communities to visit multiple times per week.

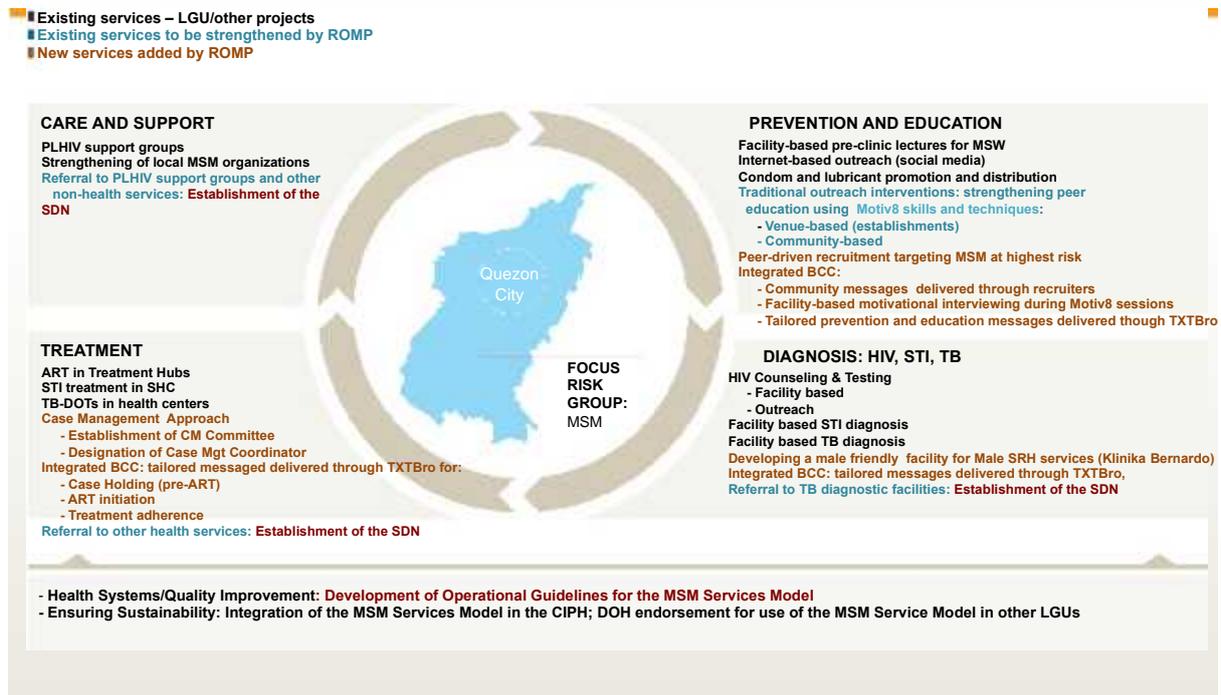
E. Milestone, Key Tasks, and Activities

Annexes A and B contain the Y3 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 Y3Q1 as well as the planned activities for Y3Q2 will be presented in this section. Detailed description of these activities are contained in the approved ROMP Project Y3 Annual Implementation Plan (AIP).

E.1.1.1. Prevention and Education

Capacity-building activities for prevention and education were completed in Y1 with continuing mentoring in Y2 and Y3. PDR was discontinued at the end of Year 2 while strengthening of facility-based peer education, particularly Motiv8, will be further supported.

Y3Q1 Activities:

Activity 1.1.1.1. Client recruitment and referral to Klinika Bernardo

Sub-activity 1.1.1.1.1. Collaboration with CHANGE to complete an MSM HIV communication plan
 With the lead of CHANGE, the MSM HIV Communication Plan was developed, presented to and was approved by the DOH and the Quezon City government. A memorandum of understanding (MOU) between Quezon City and the DOH was signed on December 5, 2014 during the WAD press conference in Quezon City (Annex C) to formalize implementation. The communication plan aims to:

- Motivate MSMs to get tested at Klinika Bernardo and get their test results
- Get tested regularly
- Reinforce the desire for use of condoms and lubes
- If positive, get treatment and adhere to it
- Market Klinika Bernardo as a pleasant place to visit

While the redesign of Klinika Bernardo has been completed (as discussed in *E.1.2.: Diagnosis of HIV, STI and TB*), other components of the MSM HIV communication plan for Quezon City have not yet been completed like the development of promotional materials and the recruitment of the “Bernardo Buddies”. ROMP will support some costs associated with printing of promotional materials, and has offered to assist with training of the “Bernardo Buddies”. As both Klinika Bernardo FB-PEs and “Bernardo Buddies” will both promote services via social media platforms, ROMP shared with CHANGE a draft standard operating procedure (SOP) for conducting online outreach, which can be adapted for use in Quezon City.

Sub-activity 1.1.1.2. MSM Interest group meetings.

- To help maintain contact with clients and reduce loss to follow-up, ROMP will support the regular conduct of interest group meetings with topics of particular interest to MSMs. ROMP has started developing the Topic Guide/Curriculum for approval of the Quezon City Health Department (QCHD). This curriculum will then guide the conduct of the interest group meetings throughout the year. Implementation start will be in Y3Q2. Potential topics lined up includes:
 - Understanding the Anatomy of Pleasure and Engaging in Safer Oral Sex
 - Understanding the Anatomy of Pleasure and Alternatives for Anal Sex and Rimming
 - Tips and Tricks for Safe Cruising
 - Happy, Healthy and Hot MSM/TG Relationships
 - Transganda: Understanding the Body in the context of hormonal therapy and other modifications to be beautiful

Activity 1.1.2. Strengthen Skills of LGU MSM PEs

In preparation for the Training of Trainers (ToT) for Motiv8, ROMP, together with the Health Human Resource Development Bureau (HHRDB) of DOH reviewed previous experience in conducting this training to further fine-tune the Motiv8 Facilitators Guide. Moreover, a supplemental module was developed to guide training of new trainers in the conduct of the Motiv8 training for PEs. This will be used to train a pool of trainers composed local LGU and NGO partners who will be tapped to conduct roll-out Motiv8 training beyond the project’s life. The ToT is scheduled in February 2015.

Activity 1.1.3. Conduct of Motiv8 Sessions

Sub-activity 1.1.3.1 and 1.1.3.2. Conduct of Motiv8 session for all clients of Klinika Bernardo and Klinika Novaliches.

The QCHD has instructed that all MSMs seen in Klinika Bernardo should be provided by the FB-PEs of at least one Motiv8 sessions and assisted in developing a behaviour change plan (health seeking, risk reduction or treatment). The instruction was reiterated through a letter sent by the City Health Officer to other organizations accessing service from Klinika Bernardo. To increase the number of MSM clients who benefit from Motiv8, the QCHD likewise recommended that Motiv8 sessions be provided as routine service for MSM clients of Klinika Novaliches, the recently opened QCHD facility patterned after Klinika Bernardo. The Klinika Novaliches medical doctor and nurse were already trained on the MSM CPS, including Motiv8, and one FB-PE has had extensive Motiv8 training.

In November 2014, ROMP oriented the other Klinika Novaliches staff on the objectives and strategies of ROMP, the duties and responsibilities of the CMC and the FB-PEs, the use of the Individual Client Record (ICR) plus the Motiv8 risk reduction plans and SDN referral forms and a brief

run through of the skills and techniques in doing Motiv8. This was followed by regular mentoring by ROMP and the QCHD STI/HIV Coordinator.

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

Klinika Novaliches will be maintaining a client database similar to that being used in Klinika Bernardo. Since minor software glitches are still being addressed, the database management mentoring is moved to Y3Q2.

In Y3Q2, the following will be conducted:

- Interest group meetings
- ToT for Motiv8 and conduct of Motiv8 refresher training plus provision of Motiv8 among all MSM clients in Klinika Bernardo and Klinika Novaliches
- Post training mentoring of MSM FB-PEs on Motiv8, including the batch of Motiv8 trainers
- Mentoring of CMCs and FB-PEs on disclosure counseling to reinforce skills gained from the initial disclosure training
- Training of Klinika Novaliches staff on database management, including the use of TXTBro
- Coordination with CHANGE for implementation of remaining activities contained in the MSM HIV communication plan.

E.1.2. Diagnosis of HIV, STI and TB

Y3Q1 activities:

Activity 1.2.1. Establish a Male Sexual and Reproductive Health (MSRH) Facility

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

In December 2014, ROMP and CHANGE collaborated in supporting a WAD event and street party hosted by QCHD, a key component of which was the promotion of Klinika Bernardo as a high-quality



Redesigned Klinika Bernardo exterior and waiting area.

MSRH clinic. In anticipation of this, renovations supported mainly by CHANGE were implemented and completed. This renovation represents a major improvement in the physical set-up of Klinika Bernardo such that the facility now has a more comfortable, non-threatening and relaxed ambiance.



Redesigned Klinika Bernardo counseling rooms.

The redesigned counseling rooms additionally offer a significant improvement in terms of comfort and privacy. However, Klinika Bernardo should consider adding curtains to the existing counseling room doors to ensure full visual privacy, particularly when delivering HIV test results.

Other venues to promote Klinika Bernardo (as well as Klinika Novaliches) as in MSM events,

social networking sites and others will be prioritized in Y3Q2.

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

As originally agreed with the QCHD, ROMP will support the development of a manual of procedures (MOP) for laboratory services specifically for Klinika Bernardo as a satellite HIV treatment hub. Since ROMP and the QCHD are still clarifying the scope of work (SOW) for this technical assistance, the activity will be fully implemented in Y3Q2.

Sub-activity 1.2.1.3 Post Training Mentoring and Coaching for Klinika Bernardo staff in relation to MSRH services was not done but will be prioritized in Y2Q2 and succeeding quarters.

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

ROMP focused its technical assistance to further strengthen SDN operations and enhance referral mechanisms among member agencies. Other than the regular SDN meetings (Annex D.1-1), scheduled visits were lined up by the QCHD and ROMP in SDN member facilities to discuss operational issues related to SDN operations. The Lung Center of the Philippines and East Avenue Medical Center were the first member facilities to be visited.

The visits provided first-hand information on SDN operations in the facility. Specifically for EAMC, the following are decisions/agreements made as outcome of the visit:

- A separate room for the HACT members for meetings and for counseling clients will be requested
- An orientation of hospital personnel with regard to their approach to clients with HIV (especially in-patients) and the use of the different forms to be used (consent forms, etc) will be conducted.
- Policies/ hospital guidelines for the management of PLHIV clients will be drafted.
- Referral letters addressed to the attention of the HACT members from SDN members will be prioritized. If the client is indigent, letter should be addressed to the attention to the medical social service.
- To ensure continuous support to the PLHIV clients and that they will not be lost to follow-up, their HACT will refer clients to KB for case management prior to discharge.
- Should there be clients who do not wish to submit for an HIV test but is suspicious to be HIV positive and has opportunistic infections, the HACT members will request for CD4 count of the clients.
- EAMC personnel identified in need of post exposure prophylaxis will be referred to Klinika Bernardo
- Aside from the pre and post-test counseling, EAMC will also offer clients condoms and lubricants especially those who are found to be at risk of reinfection and transmitting infections to others.

Visits to other SDN member agencies will be scheduled in Y3Q2. Follow up visits will also be conducted to review accomplishments on the referral and service delivery and to get further insights on implementation experience. ROMP together with the QCHD staff will continue to monitor implementation of the SDN Operational Guide to inform further strengthening of the network.

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) was planned in Y3Q1 to promote early detection and diagnosis of mental health problems and concurrent substance abuse among HIV-positive MSM

clients. This was not implemented because of the unavailability of the short-term consultant identified to provide this training for SDN focal persons. Implementation will be moved to Y3Q2.

Sub-activity 1.2.2.2. Conduct of regular SDN meetings

In Y3Q2, the following will be conducted:

- Training of “Bernardo Buddies” and promotion of Klinika Bernardo via social media platforms
- Development of an MOP for laboratory services in Klinika Bernardo
- Regular mentoring of Klinika Bernardo and Klinika Novaliches staff on MSRH services
- Training of SDN focal persons on psychosocial care
- Enhancement of the *Operational Guidelines of the SDN for PLHIV in Quezon City*
- Regular conduct of SDN meetings

E.1.3. Case Management

Y3 activities:

Activity 1.3.1. Establish CMT for HIV-positive MSM

HIV-positive MSMs detected or received in Klinika Bernardo were logged in the PLHIV Case Management Matrix and were provided the same follow-up and case management services, thus removing the previous distinction between ROMP and non-ROMP clients.

Sub-activity 1.3.1.1. Conduct of Case Management Team Meetings

Planned CMT meetings were conducted during the quarter, all presided by Dr. John Leonel Ruiz of Klinika Bernardo. Beginning in November 2014, Dr. Melchor Gabagat and Mr. Edwin Canezal, medical doctor and nurse, respectively of Klinika Novaliches participated in these meetings. The CMT meeting proceedings are in Annex E.1-**1**.

Sub-activity 1.3.1.2. Post training mentoring and coaching of CMCs

ROMP regularly monitored/observed the conduct of CMT meetings and provided continuing mentoring and coaching to MSM CMCs.

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

Sub-activity 1.3.2.1 and 1.3.2.2. “Pre-testing and finalization of supplemental SMS messages for MSMs in collaboration with the CHANGE Project” and “Training, mentoring and coaching of Klinika Bernardo CMCs and staff of Klinika Novaliches and other SHC on the use of TXTBro”

Included in the MSM HIV communication plan are pre-tested messages intended to be sent through TXTBro. These will be used by Klinika Bernardo in Y3Q1 and Klinika Novaliches (as well as other SHCs, as part of the expansion plan of the QCHD) when the clinic has already acquired the needed modem and the CMCs are trained on TXTBro use.

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

It was envisaged that starting in Y3, ROMP will conduct client surveys on condom use during last anal sex using TXTBro. However, as the software developer is still addressing remaining glitches, implementation of condom surveys will be moved to Y3Q2.

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

In Y3Q1, the MOU between the DOH and Quezon City specifying Klinika Bernardo as a satellite treatment hub, a requirement before PhilHealth grants accreditation to Klinika Bernardo, is being finalized by both parties. Antiretroviral drugs have already been delivered to Klinika Bernardo but clients can only be registered in Klinika Bernardo once it gets PhilHealth accreditation. ROMP will continue to facilitate communication between QCHD and PhilHealth in support of clinic accreditation and with RITM regarding the migration of clients from RITM to Klinika Bernardo.

In Y3Q2, the following will be conducted:

- Regular conduct of CMT meetings and mentoring of CMCs, particularly on rigorously reviewing client status, offering and providing appropriate services and regularly updating case management matrix
- Operationalization of TXTBro and conduct of SMS-based condom use survey
- Development of the operational guidelines of Klinika Bernardo as a satellite treatment hub

E.1.4. Care and Support

Y3Q1 “care and support” activities of ROMP are related to those discussed under *E.1.2. Diagnosis of HIV, STI and TB*.

E.1.5. Strengthening Behavioral Change Communication (BCC) Programming

Y3Q1 “strengthening BCC programming” activities of ROMP are related to those discussed under *E.1.1. Prevention and Education* and *E.1.2. Diagnosis of HIV, STI and TB*. In addition, CHANGE is finalizing the “awareness of messages” questions that will be incorporated in the MSM ICR to gauge the reach and to a certain extent understanding of the messages by MSMs.

In Y3Q2, ROMP will incorporate the “awareness of messages” questions in the MSM ICR used by Klinika Bernardo and Klinika Novaliches. Also, the MSM database will be modified to capture these data.

E.1.6. Documenting Lessons Learned and Standard Operating Procedures to Support Model Replication

The main product here is the MSM CPS compendium which contains the following modules/guides:

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

There is no scheduled Y3Q1 activity under this item. ROMP has already explored the availability of consultants who will assist in editing, sequencing and styling the compendium and coming up with a lay-out (printer ready) version of the document.

In Y3Q2, ROMP will continue working on the development of the MSM compendium of services and cost these interventions in Y3Q3.

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

There is no scheduled Y3Q1 activity under this item.

In Y3Q3, ROMP will assist the Quezon City government in preparing the transition and sustainability plan and drafting LGU policy/administrative issuances supporting implementation of the CPS model through the conduct of the *Transition and Sustainability Planning Workshop for the MSM Interventions in Quezon City*. The activity will aim to identify mechanisms to help promote sustainability of the MSM interventions, (includes conduct of Motiv8 sessions by FB-PEs, Case Management including CMT meetings a, TXTBro, SDN and HIV TWG Meetings) beyond project life. The QCHD will spearhead the activity, with regional and national DOH, and other partners and stakeholders invited to the workshop to consolidate additional support and assistance.

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.

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

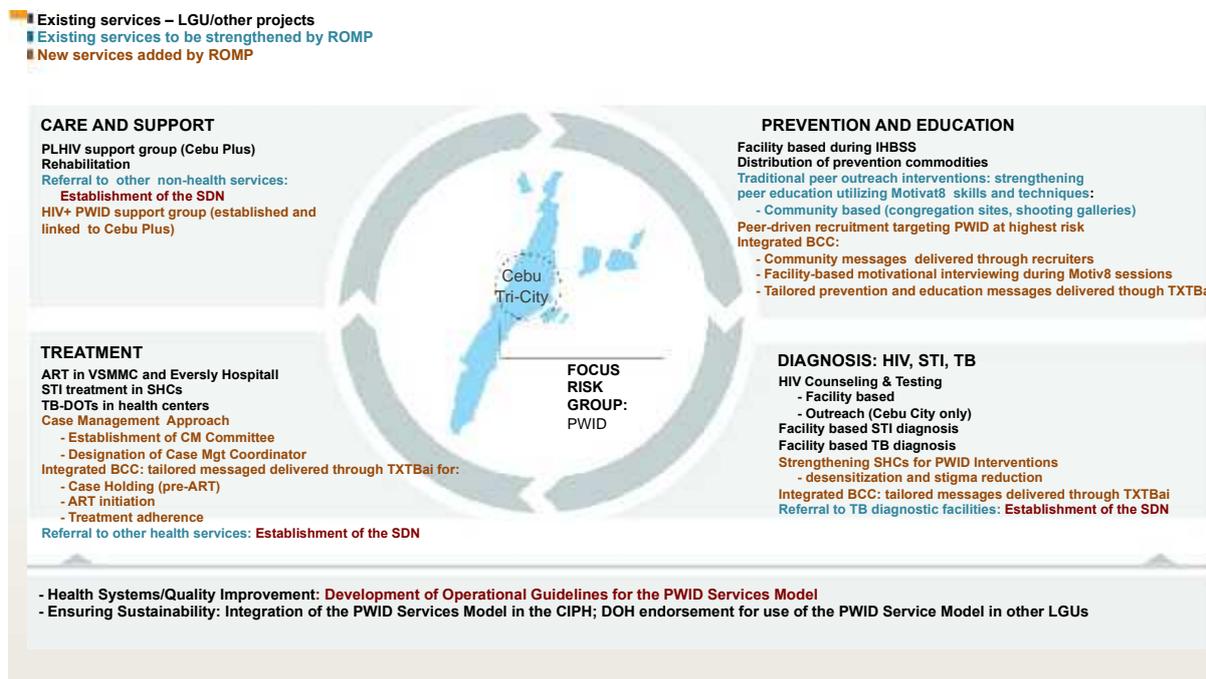
- Training design developed for:
 - Motiv8 Training for Facility based MSM Peer Educators
 - Male sexual and reproductive health for Klinika Bernardo staff
- Operational guides/modules developed for:
 - MSM Community Recruitment Operations Manual
 - Case Management Team Operations Guide
 - TXTBro Operations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

Terms of reference for the consultant to assist in costing the MSM CPS model is being drafted. Final costing document will be completed in Y3Q3.

E.2. PWID component

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

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



The activity highlights in Y3Q1 as well as the planned activities for Y3Q2 will be presented in this section. Detailed description of these activities are contained in the approved ROMP Project Y3 AIP.

E.2.1. Prevention and Education

Capacity-building activities for prevention and education were mostly done in Y1 with continuing mentoring in Y2 and Y3. PDR was discontinued at the end of Year 2 while strengthening of facility-based peer education, particularly Motiv8, will be supported.

Y3Q1 activities:

Activity 2.1.1. Client Recruitment into PWID interventions

In lieu of PDR, PWID recruitment in Y3Q1 into ROMP-supported services was realized primarily through three channels: referral by GFATM-supported peer outreach workers (Cebu and Mandaue), conduct of community desensitization followed by PWID parties (all sites) and originally, PWID Mapping and Service Provision Activities in Lapu-Lapu City. A mapping protocol had been developed for the latter and the activity design had been presented to DOH-CHD 7 and the Lapu-Lapu City Health Officer. A schedule had also been set for the conduct of round table discussions in 15 selected barangays that will aide in mapping and the generation of a PWID population size estimate in Lapu-Lapu City.

Due to changes in implementation arrangements, as requested by the Lapu-Lapu City Health Officer, it was deemed beneficial for ROMP to defer the round table discussions and concentrate on intensive community mapping and recruitment in the selected barangays. The population size estimation will be handled by the National Epidemiology Center (NEC)-DOH in relation to their planned inclusion of Lapu-Lapu City in the 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS).

Activity 2.1.2. Strengthen Knowledge and Skills of PWID peer educators

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

ROMP will build capacity of LGU and local NGO partners to conduct the Motiv8 training on their own through a ToT. 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. In preparation for the Training of Trainers (ToT) for Motiv8, ROMP, together with the Health Human Resource Development Bureau (HHRDB) of DOH reviewed previous experience in conducting this training to further fine-tune the Motiv8 Facilitators Guide. Moreover, a supplemental module was developed to guide training of new trainers in the conduct of the Motiv8 training for PEs. The ToT is scheduled in February 2015.

To enhance skills of PEs in relation to behaviour change plan development during conduct of Motiv8 sessions and ROMP PWID staff in documenting PWID activities, a capacity-building activity was held in December 2014. One GFATM site implementation officer (SIO) from Cebu City, one HIV-positive and 12 ROMP staff participated in the activity facilitated by Dr. Ilya Tac-An of the Cebu City SHC.

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-CHD 7, with technical support from ROMP, conducted the three-day palliative care training from October 27-29, 2014 in Cebu City. The training mainly aimed to introduce the principles of palliative care and its role in the care and support for people infected and affected with HIV/AIDS. There were 20 participants, 11 females and nine males. Nine participants were ROMP targets for mentoring and coaching in Year 3.

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.

Based on the directive of Dr. Edna Seno, Mandaue City Health Officer, all PWID clients referred to the Mandaue City Health Office were offered Motiv8, including walk-in clients and those recruited by GFATM peer educators. ROMP conducted Motiv8 training for ten individuals of GFATM (7 PEs, 1 SIO and 2 staff) in Y2. It was observed that those trained lacked basic HIV/AIDS/STI training so they were quite constrained in providing new and relevant HIV/AIDS information. ROMP provided technical assistance to GFATM to conduct the *Basic HIV/AIDS/STI Training for PWID Peer Educators* from October 13-17, 2014. There were 31 participants, four females and 27 males. Eight participants were delegates of ROMP while 23 are from GFATM (including GFATM representatives from Danao City).

In Y3Q2, the following will be conducted:

- Client recruitment into PWID interventions as described in Activity 2.1.1. except that the intensive mapping and recruitment done in Lapu-Lapu City (with limited funding from DOH in

the form of a performance-based grant) will be replaced by community desensitization and PWID parties

- Training on Psychosocial Care to help address the ongoing psychological and social problems of PLHIV PWIDs
- ToT for Motiv8 and conduct of Motiv8 refresher training plus provision of Motiv8 among all PWID clients in the Tri-City PWID clinics, including those in KCCC of BCP
- Post training mentoring of PWID FB-PEs on Motiv8, including the batch of Motiv8 trainers

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

Y3 activities:

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

ROMP supported the conduct of regular SDN meetings in the Tri-City (Annex F.1-).

In **Y3Q2**, ROMP will focus its technical assistance on strengthening SDN operations and enhancing referral mechanisms among member agencies.

E.2.3. Case Management

Y3Q1 activities:

Activity 2.3.1. Strengthening the CMT for HIV-positive PWID

Sub-activity 2.3.1.1. Conduct of Case Management Team Meetings

Regular monthly CMT meetings were conducted during the quarter in the cities of Cebu, Lapu-Lapu and Mandaue, respectively. The CMT meeting proceedings are in Annex G.1-.

Sub-activity 2.3.1.2. Post Training Mentoring & Coaching of CMCs

ROMP regularly monitored/observed the conduct of CMT meetings and provided continuing mentoring and coaching to PWID CMCs.

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

To help ensure that HIV-positive clients were able to comply with the needed health facility visits and interventions, case holding and follow-up activities were instituted. When needed, PWID FB-PEs accompanied clients (and provided for their transportation) from their communities to the health facilities/service provider. Clients who underwent VCT were informed that:

- Their HIV status may be shared to one FB-PE who will be tasked to follow them up in their community if they are unable to get their results and/or come back for additional work-up
- The FB-PE is duty-bound to ensure that the reason of the visit is not revealed to anyone and the test result is kept confidential
- The client consent is needed for the clinic physician to share his/her HIV status to the assigned FB-PE

In Y3Q2, regular conduct of CMT meetings and mentoring of CMCs, particularly on rigorously reviewing client status, offering and providing appropriate services and regularly updating case management matrix will be continued.

E.2.4. Care and Support

Y3Q1 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.

As identified in Y2 during the PsP's organizational development workshop, there is a need to capacitate the members on leadership and interpersonal communication. A two-day training was conducted to improve the PsP members' leadership and interpersonal communication skills to positively influence their interactions with other PWIDs, their families and significant others. The documentation report is in Annex H.

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

Twice a month meetings were conducted during the quarter attended by PsP members where actions to address continuing and emerging issues faced by PWID clients (including non-health issues like livelihood and bridge financing) were discussed. These meetings were facilitated on a rotating basis by ROMP CMCs. The PsP meeting proceedings are in Annex I.1-1.

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

CD4 testing is available only in Vicente Sotto Memorial Medical Center (VSMMC) every last Friday of the month (with occasions where no testing is done because of lack of reagents). The laboratory requires that blood from PWIDs be collected in the morning and submitted for laboratory processing within four 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 were unable to undergo 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, ROMP supported a live-in activity for PSP to provide the venue for the early morning blood collection. This was implemented in collaboration with Global Fund HIV Project. In the morning, PWIDs had their blood drawn and submitted to VSMMC for CD4 testing.

As a longer-term solution, ROMP has successfully advocated with the DOH to provide a point-of-care CD4 testing machine at the Cebu City SHC. Once the machine is delivered (expected in January 2015) and necessary training and certification are completed, this will significantly strengthen service provision for ROMP clients and other HIV-positive patients and is anticipated to improve overall provision of the HIV cascade of services.

Activity 2.4.3. Advocacy and mobilization activities during World AIDS Day

For the 2015 WAD commemoration, ROMP collaborated with the LGUs and the SDN by providing technical assistance in conceptualizing and implementing activities. WAD observance started with a Holy Mass officiated by a priest from the University of San Carlos- Society of Devine Word (SDN member) who in his homily, emphasized the need for care and support for PLHIVs. An art contest

and exhibition was also mounted with the theme “Vision of PWIDs for themselves and their families.” The theme aimed to elicit or surface hopes and aspirations of PWIDs and help them realize that they could still act to realize the same. VCT services were also offered on-site and the CPS for PWIDs was actively promoted in the events. Materials with key prevention messages developed by CHANGE and ROMP were also distributed to PWIDs.

Other activities conducted related to World AIDS Day 2014 are as follows:

- MARP congress on December 3, 2014 at Bellavista Hotel, Lapu-lapu City funded by the Performance-Based Grant of Department of Health – Regional Health Office 7
- Fun Run initiated by Cebu Plus Association, Inc. on December 6, 2014 at Parkmall Mandaue City
- Weekly HIV and AIDS Orientation with Entertainers initiated by Entertainers for Clean Nightlife Association (ECNA) and Social Hygiene Educators of Cebu (SHEAC) funded by Cebu City Multi-Sectoral AIDS Council
- In-School HIV and AIDS Awareness Campaign initiated by DepEd Region VII funded by Cebu City Multi-Sectoral AIDS Council

Activity 2.4.4. Orientation and advocacy meetings with other agencies.

These meetings aim to inform identified agencies (including PDEA, PNP, DDB, BJMP, DILG, DepEd, CHED) of ROMP interventions (harm reduction initiatives) to promote appreciation, understanding and support. The meetings were deferred during this quarter. Instead ROMP focussed on community orientation/desensitization activities to help facilitate the conduct of PWID parties.

In Y3Q2, the following will be conducted:

- Regular conduct of PsP meetings and mentoring on CMCs’ facilitation skills
- Mentoring on CMCs and FB-PEs’ reporting and documenting skills
- Orientation and advocacy meetings with agencies where support is needed to implement PWID CPS interventions

E.2.5. Strengthening BCC programming

Y3Q1 activities:

With the lead of CHANGE, the PWID HIV Communication Plan was developed, and approved by the Tri-City stakeholders during the Y3 operational planning workshop in Cebu City. The plan was presented and also approved by NCDPC Director Irma Asuncion and HIV/AIDS Program Manager Gerard Belimac in October 2014.

The PWID HIV Communication materials (wall graffiti, posters, stickers) were then presented to the City PIOs for clearance for posting in public places. Clearances from the three cities were obtained also in October 2014. ROMP further worked with the CHANGE project to obtain permission from other identified touch points (eg. motels, transport groups) for posting of these materials (mirror stickers, ticycle stickers, calendars). ROMP also negotiated with the BCP for the stickering of all syringe/needle packs they procured for distribution in the Kamagayan CCC. The same stickers will also be used in the needles/syringes procured by the Lapu-lapu CHO for distribution to PWIDs.

Printing of additional HIV PWID communication materials (t-shirts) was also supported by ROMP. Shirts with key messages were distributed to PWIDs as an additional incentive for their participation in ROMP interventions, or when they come back for a second Motiv8 session. As the shirts will be worn by PWIDs, it is expected that these messages will reach/be read by their friends in their injecting networks. Pouch necklaces (for condom or HIV drugs) were made available for those tested positive for HIV. The Tri-City health offices also allotted LGU funds for printing of the communication materials.

In Y3Q2, ROMP will continue the distribution of communication materials and with CHANGE, finalize the “awareness of messages” questions that will be incorporated in the PWID ICR to gauge the reach and to a certain extent understanding of the messages by PWIDs.

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

The main product here is the PWID CPS compendium which contains the following modules/guides:

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

There is no scheduled Y3Q1 activity under this item. ROMP has already explored the availability of consultants who will assist in editing, sequencing and styling the compendium and coming up with a lay-out (printer ready) version of the document.

In Y3Q2, ROMP will continue working on the development of the PWID compendium of services and cost these interventions in Y3Q3.

E.2.7. Managing Transition and Promoting Sustainability of Interventions

In Y3Q3, ROMP will assist the Tri-Cities in preparing the transition and sustainability plan and drafting LGU policy/administrative issuances supporting implementation of the CPS model through the conduct of the *Transition and Sustainability Planning Workshop for the PWID Interventions in the Tri-City*. The activity will aim to identify mechanisms to help promote sustainability of the PWID interventions, (includes conduct of Motiv8 sessions by FB-PEs, Case Management including CMT meetings, HIV-positive support group activities, SDN and HIV TWG Meetings) beyond project life. The 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.

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. In this regard, a meeting was held with Dr. Tomas Fernandez (former Cebu City Health Officer, advisor on health to

the Cebu City Mayor and FHI 360 consultant) in October 2014 where action points on moving forward with the passage of LGU policy issuances supporting the implementation of ROMP PWID interventions and sustainability beyond project life were discussed. The planned city issuance to be drafted will define the standard PWID interventions in the LGU – adopting the components of the ROMP PWID model. Dr. Fernandez is of the opinion that this can be realized with the city health officers signing the issuance. Alternatively, the issuance could also take the form of a City Memorandum/Executive Order to be issued by the City Mayor.

A major concern for sustainability, particularly for Motiv8 and case management approach is the retention/availability of staff capable to implement these. Based on discussions with the city health officers, personnel retention will be through the use of barangay health worker positions to fund CMC and FB-PE posts (Cebu City), job orders (Mandaue City) and assistance of DOH 7 to fund the posts based in the LGUs (Tri-City). Dr. Fernandez' view is that the position needs to be non-political, that the proposed staff are not hired or appointed by the incumbent mayor as they may not be prioritized if the administration changes after the elections. Moreover, DOH funded positions may also be recalled from the LGUs. His recommendations were:

If the LGUs recognize that the task of the CMC is important and necessary for the HIV response, an organic nurse or midwife should be trained, designated as CMC and assigned in the PWID intervention clinic and a replacement personnel should be assigned to fulfill the tasks related to her vacated position.

For the FB-PE, possibilities and options should be explored so that it would not appear that the mayor is hiring PWIDs and promoting drug use.

A meeting with the DOH RO7 Director and the HIV Program Coordinator and Nurse was conducted in December to discuss and explore support for interventions beyond the project's life. The Regional Director was amenable to provide support thru the Regional HIV/AIDS Program funds for the following:

- Service Delivery Network Meetings (Chaired and convened by the DOH RO7)
- HIV TWG Meetings (Chaired and convened by the DOH RO7)
- Case Management Coordinators and Facility-Based Peer Educators

ROMP was requested to work with the LGUs to prepare a project proposal to be submitted to DOOH-RO7 for funding. The Regional Director said he will discuss the proposal in the DOH RO7 Executive Committee Meeting.

In Y3Q2, meetings with the CHOs and a workshop among stakeholders will be conducted to address the various sustainability concerns akin to PWID CPS implementation beyond project life.

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

- Training design developed for:
 - Motiv8 Training for Facility based PWID Peer Educators
- Operational guides/modules developed for:
 - PWID Community Recruitment Operations Manual
 - Case Management Team Operations Guide
 - TXTBai Operations Guide (incorporated in
 - HIV+ PWID support group Operations Guide
 - Service delivery network for PWID services

- SBC Strategy/ Plan for PWID developed
- Key PWID messages developed.
- Referral points for PWID identified and MOU signed among SDN member organizations

Terms of reference for the consultant to assist in costing the PWID CPS model is completed. Final costing document will be completed in Y3Q3.

F. Major Implementation Issues

Recruitment and Revisit

Getting new MSM clients to visit and for old clients to revisit so that they can avail of needed clinic services continue to be challenging. The redesign of Klinika Bernardo, the opening of Klinika Novaliches, the implementation of the MSM HIV communication strategies, a smoother implementation of TXTBro, the availability of point of care CD4 machine and the implementation of interest group meetings were/will be implemented to promote Klinika Bernardo (and Klinika Novaliches) services and demonstrate to the MSMs the benefits of availing appropriate interventions/services

Transitioning HIV-positive Clients Across the Cascade

The project continues to face challenges in transitioning HIV-positive clients across the cascade, particularly for PWIDs. Key reasons for this low performance include:

- Despite the existence of well-validated rapid confirmatory testing algorithms, the Philippines continues to rely on confirmatory testing at a central laboratory which can take up to (or exceed) 1 month to deliver results.
- Due to staff absence, the Cebu City SHC (which is responsible for coordination of all confirmatory testing in the Tri-City) has not thus far shipped any test samples for confirmation in Y3Q1.
- The only clinical facility in the Tri-City currently equipped to conduct CD4 testing is stocked out of reagent and new supplies are not expected until January.
- A rapid, point-of-care CD4 testing machine requisitioned for the Cebu City SHC has not yet been operational.

ROMP has made efforts to address barriers to transitioning HIV-reactive PWID onto treatment. These efforts have included:

- Supporting the registration of HIV-positive PWID under PhilHealth,
- Securing support for TB screening under the GFATM TB program and other pre-initiation testing under the GFATM HIV Enabler's Fund, and
- Advocating for the purchase of a CD4 machine to be placed in the Cebu City SHC.

The Mandaue City SHC also reports difficulty referring HIV-positive PWID to Cebu City health department for ART initiation and follow-up. Treatment staff are regularly not present or too busy, and it is difficult (and costly) to match provider and PWID schedules. Clients also report a preference to receive treatment in a clinic they already know which is closer to their home. They feel that the more clinics they are required to attend the greater the potential for a breach of confidentiality.

The Mandaue SHC has qualified providers on staff and has requested that they be trained to manage opportunistic infection care and treatment initiation themselves – they believe this would allow them to more efficiently serve the 41 HIV-positive PWID served under ROMP as well as those referred under the GFATM. ROMP will discuss this issue with the DOH and determine what steps would be necessary to achieve this, including the potential for any additional registration or accreditation that may be required for clients to receive benefits under PhilHealth.

Big Cities Project

The BCP aims to integrate HIV/syphilis testing with psychosocial support, drug dependency counseling and needle and syringe exchange. At the request of the city health office, ROMP has established a presence at this site and provides Motiv8 counseling 2 days per week – these individuals are counted under ROMP program targets and HIV-positive clients are enrolled in ROMP-supported case management.

The BCP site has also become the primary needle and syringe distribution site for Cebu City (and, by default, Mandaue City); however, to date the site only distributes three needles at each visit as incentive for clients to come back and engage with project services multiple times in a week as per the BCP research protocol. Clients are additionally not permitted to collect additional needles for distribution among their PWID networks. This represents an unrealistic burden on PWID clients referred for needles from outlying communities, particularly around Mandaue City. Discussion with the Cebu City health office did not result in satisfactory resolution of this problem, though the SHC Physician did agree that BCP could distribute needles on a weekly, rather than daily basis. It remains to be seen whether BCP project staff will be willing to adopt this protocol change.

The BCP site is unsuitable as a primary service delivery site for a number of other reasons, including that it is located on the fourth floor of the barangay hall (which necessitates navigating past numerous government offices) and that all PWID clients are frisked upon entry to the service center to discourage on-site drug use. These likely represent significant barriers to service uptake and may drive clients who need needles away from the project.

Project Sustainability

ROMP has made significant progress thus far in encouraging the sustainability of specific project components beyond the end of USAID support. The Service Delivery Network (SDN) model piloted by ROMP in Quezon City and the Cebu Tri-City is low cost and LGUs have already expressed interest in adopting this model. Additionally, in Quezon City facility-based peer educators are already LGU staff. The government has shown commitment to adopting successful components of ROMP by (1) supporting establishment of a second “sundown clinic”; (2) recruiting additional peer educators; and (3) expanding the use of Motiv8 to cover MSM served at both clinics and through GFATM as well as USAID funding. ROMP will further support sustainability of motivational interviewing as part of the peer education approach by conducting a training of trainers in Y3Q2.

In the Cebu Tri-City, the situation is more complicated as FB-PEs and CMCs are not part of existing LGU staff but supported directly by ROMP. City Health Office staff in Cebu City and Lapu-Lapu have already requested additional funding to bring these staff onto the LGU payroll beyond the end of ROMP support (albeit at a lower level). In Mandaue, the City Health Officer has noted that no additional job orders are likely to be approved before the upcoming elections – in the meantime, the only potential for bringing ROMP staff onboard with LGU funding is in the event that existing LGU staff vacate already funded positions. ROMP is pursuing additional sources of bridge funding to

support facility-based peer education and case management until after the LGU elections – this includes through an additional performance-based grant or under the DOH RO7 HIV/AIDS Program.

G. Financial Reports

H. Communication and Outreach

As mentioned in various sections of this report, the MSM and PWID communication plans have been developed with the lead of CHANGE. The plan includes various channels of delivering prevention messages, promoting clinic visits and encouraging the MSMs and PWIDs to get tested. Questions to get a sense of the reach of these messages will be incorporated in the MSM and PWID ICRs in Y3Q2. A detailed description of the plan is contained in the quarterly report of CHANGE.