

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

Quarterly Report (Year 3 – Q2)

January 1 to March 31, 2015



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Acronyms

ADB	Asian Development Bank
AIP	Annual Implementation Plan
AMTP	AIDS Medium-Term Plan
ART	Antiretroviral Treatment
ARVs	Antiretrovirals
BB	Bernardo Buddy
BCP	Big Cities Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CHO	City Health Office
CMC	Case Management Coordinator
CMT	Case Management Team
CoPCT	Continuum of Prevention, Care, and Treatment
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
EB	Epidemiology Bureau
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HCT	HIV Counseling and Testing
HHRDB	Health Human Resource Development Bureau
IHBSS	Integrated HIV Behavioural and Serologic Surveillance
IR	Intermediate Result
ICR	Individual Client Record
IEC	Information-Education-Communication

KCCC	Kamagayan Comprehensive Care Center
LGS	Learning Group Session
LGU	Local Government Unit
LOP	Life of Project
Motiv8	Motivational Interviewing for Facility-Based Peer Educators
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
MSRH	Male Sexual and Reproductive Health
NASPCP	National AIDS-STI Prevention and Control Program
NCR	National Capital Region
NFM	New Funding Model of the GFATM
PDR	Peer-Driven Recruitment
PIRA	Project Implementation Review and Assessment
PLHIV	Persons Living with HIV
PMP	Performance Management Plan
PNGOC	Philippine NGO Council on Population, Health, and Welfare
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
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
SOGI	Sexual Orientation and Gender Identity

SOP	Standard Operating Procedure
SOW	Scope of Work
TG	Transgender
TOR	Terms of Reference
ToT	Training of Trainers
TXTBro	MSM Text Messaging Service
USAID	United States Agency for International Development
USG	United States Government
VSMCMC	Vicente Sotto Memorial Medical Center
Y	Year

Executive Summary

The Philippine Department of Health (DOH) had identified the need for new ways of broadly reaching men who have sex with men (MSM) and people who inject drugs (PWID) at the highest risk of becoming infected with or transmitting HIV, for increasing effectiveness of peer education activities, and for addressing the loss-to-follow-up of clients along the HIV services cascade. To help the DOH address these challenges in HIV programming, the United States Agency for International Development (USAID) has 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 2 (Y2Q2) of the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project, corresponding to the last quarter for Phase III (CPS Model Pilot Testing) of the ROMP Project Framework.

During this quarter the ROMP project significantly moved closer to the endline targets in terms of the number of clients reached and provided with motivational interventions. For the MSM component, a total of 318 MSM were reached and underwent Motiv8 sessions. Overall, the total number of clients reached and provided with motivational interventions has increased to 785 MSMs, which now constitute 98 percent of the end-of-project target. All the MSMs reached during the quarter underwent HIV-testing and received the corresponding result. Of those who were tested and received the result, 17 were diagnosed as HIV-positive (5.35 percent) and 7 of them initiated ARV treatment. These clients were closely monitored and followed-up by the case management coordinators to ensure adherence to ARVs.

For the PWID component, there were 259 new PWIDs reached and provided with motivational intervention during the quarter. Overall, the total number of clients reached and provided with motivational intervention has increased to 1,262, which exceeds the recruitment goals for the duration of the project (110 percent). The recruitment target for Cebu City has been fully achieved. Lapu-Lapu City and Mandaue City, on the other hand, have reached a cumulative total of 237 (70 percent) and 352 (93 percent), respectively. At the end of the quarter, a cumulative total of 1,056 clients had been tested and received their test results (92 percent).

The project continued to collaborate and partner with other organizations and HIV-related projects for recruitment, diagnosis, and treatment of clients to include the Global Fund Transitional Funding Mechanism (GF-TFM) HIV Project, GF-TFM TB Project, Big Cities Project (BCP), CHANGE Project and the DOH-National AIDS-STI Prevention and Control Program (NASPCP). The collaborative arrangements contributed to increasing recruitment and enrolment of clients in interventions and in making available needed equipment (CD4 machine for KB and Cebu SHC, GeneXpert machine for Cebu SHC) and funding assistance for HIV pre-ARV work-up (HIV Enablers Fund, HIV Performance-Based Grants), TB diagnosis (Chest X-ray) and treatment.

ROMP provided technical support in the enhancement of the HIV Ordinance of Quezon City specifically to expand the composition of the Quezon City STD-AIDS Council (QCSAC) to include other members of the existing Service Delivery Network (SDN) for people living with HIV (PLHIV) and to institutionalize more efficient service delivery mechanisms to improve access of PLHIV to comprehensive treatment, care, and support services provided by the members of the SDN. The

SDN for PLHIV in the Cebu tri-city area was also officially adopted through the allocation of a budget for operations in the 2015 workplan by DOH-RO7.

ROMP also provided technical assistance in the drafting of local issuances to supplement the Manual of Procedures for SHCs developed by the DOH-NASPCP to guide the city's health workers in the provision of a standard package of services to PWIDs referred to and/or received in the City Health Office (CHO)/SHC. The issuances, which also identified the support needed to ensure continued implementation of these services, are now awaiting endorsement by the City Health Offices to their respective city mayors for signature.

A project implementation review/assessment for both MSM and PWID components was also conducted during the second quarter of FY 2015. The Project Implementation Review and Assessment (PIRA) recommended that ROMP be strategic in developing priorities for the final phase:

1. First priority is to sustain current services in the project sites, e.g. MSM services in Klinika Bernardo in Quezon City, and PWID services in the three social hygiene clinics in Cebu tri-cities.
2. Second priority is to scale up HIV services in additional sites in the current four cities, so that service coverage reaches 80 percent of the key populations, the minimum coverage for impact.
3. Third priority is to replicate the service innovations across the (19) priority cities¹ identified in the national HIV strategic plan and Global Fund grant application.

As of the end of the quarter, the ROMP Project incurred an expenditure rate of 63.9 percent. Given that lower-than-planned rate, it is anticipated that some amount will remain unspent at the end of the project. These projected remaining unspent funds will be reallocated to support dissemination and/or replication of ROMP interventions as recommended in the PIRA ahead of the project close-out. The DOH-NASPCP identified the following key ROMP activities (consistent with the descriptions included in the approved GF concept note), which will be bridged to the incoming GF-New Funding Model (NFM) HIV Project, helping prepare the target cities before the actual start-up:

¹ The additional 15 cities are for MSM: Manila, Caloocan, Makati, Pasay, Marikina & Pasig City (GMM); Cebu & Danao City (Cebu); Bacoor & Puerto Princesa Cities (Region IV-A); Mandaue City (Region VII); Zamboanga City (Region IX); Cagayan De Oro City (Region X); Davao City (Region XI) & Angeles City. For PWID: Danao, Toledo & Talisay City (Cebu).

- *Counseling Training.* MSM and PWID peer educators will be trained in Motiv8 (2nd level training on motivational interviewing/communication skills and techniques) to help clients identify their own internal reasons or motivations for changing their behaviors, assisting them to prepare behavioral change plans (health seeking, preventive, or treatment); and following up on execution of these plans.
- *Case Management approach.* Introduction of a cohort approach to management of HIV positive clients, individually following up each client through the HIV Continuum of Prevention, Care, and Treatment (CoPCT) services cascade with follow through of referrals and their outcomes. Case Management Coordinators (CMC) will be designated and trained to support the operationalization of a Case Management Team (CMT) and establishing referral linkages with the SDN for PLHIVs.
- *Database management.* Introduction of the standardized individual client record (ICR) for MSM and PWID, HIV-positive matrix, database software, training of CMCs on data encoding, and simple data analysis and generation of indicators/HIV cascade data.

A. Situation

The Philippine DOH has identified the need to expand coverage and strengthen effectiveness of HIV peer education activities targeting men who have sex with men (MSM) and people who inject drugs (PWID), to address the loss of clients along the HIV CoPCT cascade and to provide health and non-health needs of PLHIV. In response, USAID is providing assistance to the DOH and LGUs in developing and testing comprehensive package of service (CPS) models for MSM and PWID through the project, “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)”.

This quarterly report prepared by FHI 360 and its sub-awardee, the Philippine NGO Council on Population, Health, and Welfare (PNGOC), covers Year (Y) 3 Quarter (Q) 2 (January 1-March 31, 2015) 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 less than 1 percent as reflected in the 2011-2016 AIDS Medium-Term Plan (AMTP). This goal is in line with USAID’s Development Objective (DO) 1 – Intermediate Result (IR) 1.3: Family Health Improved, which will be accomplished via three objectives:

Objective 1 (IR 1.3.1.): Supply of HIV/AIDS services improved, including the availability and quality of public sector services;

Objective 2 (IR 1.3.2.): Demand for HIV/AIDS services increased through encouraging adoption of appropriate health behaviors within families; and

Objective 3 (IR 1.3.3.): HIV/AIDS policy and systems barriers removed to improve supply and demand for services.

To contribute to the attainment of the national goal, ROMP 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 area (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 area 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 counseling and testing (HCT) uptake, results notification, follow-up testing, and the use of prevention commodities; and
3. Pilot a case management approach for HIV-positive MSM and PWID to increase treatment initiation, retention, and adherence.

C. Accomplishments

Salient accomplishments in Y3Q2 were:

(Details are in corresponding topics in *Section E: Milestones, Key Tasks and Activities*):

For the MSM Component:

1. HIV/AIDS service delivery for MSM

- 318 MSMs were reached with motivational interviewing, were HIV-tested, and obtained their test results.
- 42 MSMs were reactive on initial HIV screening, 17 received confirmatory testing and 7 are currently on antiretroviral treatment (ART).

2. Improving Supply of HIV/AIDS Services for MSM

- 10 facility-based peer educators (FB-PEs) from Klinika Bernardo and Klinika Novaliches were trained and/or mentored on motivational interviewing.
- The MSM messaging service, TXTBro, was operational and serves as adjunct to case management.
- 10 trainers on motivational interviewing for MSMs benefitted from a training-of-trainers (ToT) conducted by ROMP with the DOH. The trainers implemented one full motivational interviewing training that produced 17 motivational interviewing counselors.

3. Strengthening Demand for HIV-AIDS Services

- With the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project, the MSM HIV communication plan was completed and approved by the Quezon City Health Department (QCHD).

4. Improving HIV/AIDS Policies and Systems

- Review and enhancement of the service delivery network (SDN) operational guidelines.
- Review and updating of the case management approach terms of reference.

For the PWID Component:

2. Utilization of HIV/AIDS services by PWID

- 211 PWIDs were reached with motivational interviewing, got tested, and knew their test results.

3. Improving Supply of HIV-AIDS Services for MSM

- 11 community orientations or PWID parties were conducted, 6 in Lapu-Lapu City and 5 in Mandaue City. The parties contributed 79 PWID recruits.
- 8 individuals from the Tri-City area and the cities of General Santos and Zamboanga completed the ROMP-supported ToT for motivational interviewing and they conducted a round of training on motivational interviewing that produced 7 trained peer educators.
- 9 Case Management Team (CMT) meetings were conducted, where problematic cases were discussed.

4. Strengthening Demand for HIV-AIDS Services

- 259 new PWIDs were recruited during the quarter. Overall, the ROMP-PWID component has already exceeded (110 percent) of its life-of-project (LOP) target.

5. Improving HIV/AIDS Policies and Systems

- ROMP provided technical assistance in the drafting of local issuances to supplement the Manual of Procedures for SHCs developed by the DOH-NASPCP to guide City health workers in the provision of a standard package of services to PWIDs referred to and/or received in the CHO/SHC. The issuances, which also identified the support needed to ensure continued implementation of these services, are now awaiting endorsement by the CHOs to their respective mayors for signature.

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 at the end of Y3Q2:

Table 1. ROMP Project-MSM component accomplishments by indicator, Quezon City, Oct. 1, 2013 – Mar 31, 2015

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	Estimation for HIV prevalence for gen. pop. will be done in 2015.
HIV 2: HIV prevalence among MSMs maintained at < 10% in 2015 in Quezon City	5.56% (IHBSS, 2011)	< 10%	< 10%					6.6% (as of 2013)	No IHBSS scheduled in Y2. 2013 IHBSS (Y1) for MSM showed HIV prevalence of 6.6% in Quezon City.
Purpose: Utilization of HIV/AIDS services by MSM increased									
HIV 4: P8.3.D: Number of MSM reached with individual and/or small—group-level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	0 (2013)	800	296	171	318			785 (98%)	Difference from end of project target: 15
HIV 5: P11.1.D: Number of MSM who received testing and counseling services for HIV and received their test results	0 (2013)	800	296	171	318			785 (98%)	Difference from end of project target: 15
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%	25/70 x 100=36%			83/1977 x 100 = 42%	The numerator is the number of MSM recruited

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%	$\frac{9}{14} \times 100 = 64\%$	$\frac{6}{35} \times 100 = 17\%$	$\frac{8}{17} \times 100 = 47\%$			$\frac{23}{66} \times 100 = 35\%$	Number of HIV-positive patients who were screened for TB in TB treatment centers divided by the number of newly detected HIV cases 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 of overseeing PDR and providing 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	4 FB-PE 2 CMC			4 FB-PE 2 CMC	Note: Although trained, the CMCs and FB PE will not be overseeing PDR anymore since this has already been discontinued. In addition, 1 CMC and 5 FB-PE were trained in Klinika Novaliches plus 1 FB-PE in Klinika Bernardo
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	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. Additional 5 FB-PE and 1 CMC designated in Klinika Novaliches
HIV 14: Number of FB-PEs	0 (2012)	3 FB-PE	3 FB-PE	3 FB-PE	3 FB-PE			3 FB-PE	In addition, 1 CMC and 1

and CMCs implementing MSM interventions following MSM CPS operational guidelines		1 CMC	2 CMC	2 CMC	2 CMC			2 CMC	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 (syringes/needles and condoms and lubricants)	0	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)	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	15 M: 14 F: 1			15 M: 14 F: 1	Also trained/mentored but not included in the accomplishment were male and female staff of other Quezon City clinics.
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	34	31	42			107 (122%)	Target exceeded; many HIV-positive MSMs were identified.
HIV 20: Number of MSM recruited through PDR	0 (2012)	1,000	302					302	PDR as the recruitment model is dropped in Y3.
HIV 21: Number of MSM reached through facility-based motivational intervention approaches	0 (2013)	1,000	303	212	352			867 (87%)	Difference from end of project target: 133

and/or messaging service with appropriate messages									
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	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	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	30			56 (165%)	Target exceeded because many HIV-positive MSMS were identified.

Note: Beginning November 2014, service delivery statistics are the combined accomplishments of Klinika Bernardo and Klinika Novaliches.

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 at the end Y3Q2:

Table 2. ROMP Project-PWID component accomplishments by indicator. Cebu Tri-City. Oct 1, 2013 – Mar 31, 2015.

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	Estimation for HIV prevalence in the general population will be done in 2015.
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 that meet the minimum standards required	0 (2013)	1,152	620 M (M): 577 F (F): 43	383 M: 352 F: 31	259 M: 246 F: 13			1,262 (110%) M: 1,175 F: 87	Target exceeded by 110.

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 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	211 M: 199 F: 12			1,056 (92%) M: 983 F: 81	Difference from end of project target: 96
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%	253/377 x 100= 67%	29/32x100= 91%	25/37x100= 68%			307/446 x 100 = 69%	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 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%	6/31 x 100= 19%			50/269 x 100= 19%	Number of HIV-positive patients who were screened for TB in TB treatment centers divided by the number of newly detected HIV-positive 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 of overseeing PDR, providing motivational intervention approaches, messaging service, referral to service delivery points for	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	9 FB-PE M: 9 F: 0 3 CMC			9 FB-PE M: 9 F: 0 3 CMC	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. Likewise, TXTBai (the messaging service for

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		
management and facilitate HIV-positive support group sessions				3 CMC M: 1 F: 2	M: 1 F: 2			M: 1 F: 2	PWID) will not be implemented because less than 10% of PWIDs own/have mobile phones.
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 Compendia	0	0			1 Framework and 0 Compendia	PWID CPS model framework completed in Y1.
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	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	Target met in Y1.
HIV 14: Number of FB-PEs and CMCs implementing PWID interventions following PWID CPS	0 (2012)	9 FB-PE M: 6	9 FB-PE M: 9	9 FB-PE M: 9	9 FB-PE M: 9			9 FB-PE M: 9	

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		
operational guidelines		F: 3 3 CMC M: 3	F: 0 3 CMC M: 1 F: 2	F: 0 3 CMC M: 1 F: 2	F: 0 3 CMC M: 1 F: 2			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 (syringes/needles and condoms and lubricants)	0	3	1 (Cebu City)	1 (Lapu-Lapu City)	0			2	Despite no incidence of stock-outs during the quarter, needle-syringe distribution was halted periodically because of legal issues. Mandaue CHO has reservations about implementing a 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	38 (2013)	23 M: 11	0	15 M: 10	1 M: 0			16 M: 10	Also mentored in Y3Q2, but not counted in the total tally for the indicator were 5 individuals (2 females 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		
received post- training/post-orientation mentoring and coaching		F: 12		F: 5	F: 1			F: 6	3, males) who were trained on Motiv8 as either trainers or PEs.
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	32 M: 31 F: 1			275 (42%) M: 251 F: 24	Difference from end of project target: 387
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	262 M: 249 F: 13			1,310 (91%) M: 1,219 F: 91	Difference from end of project target: 130
1.3.3 HIV/AIDS program policies and systems improved									

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 22: AO by the DOH to local governments endorsing adoption of CPS models for PWID drafted	0 (2012)	1	0	0	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	0			0	Note: PDR to be excluded in the policy issuance. Indicator target to be completed in Y3Q1.
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	95 M: 86 F: 9	45 M: 37 F: 8	8 M: 8 F: 0			148 M: 131 (63%) F: 17	Difference from end of project target: 88

D. Reasons for Variances in the Performance

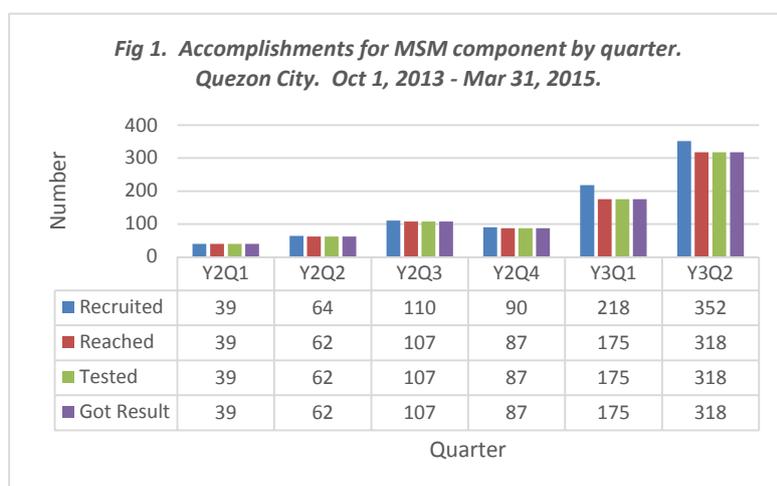
Sample size accomplishments for CPS model testing are on point in the project sites except in Lapu-Lapu City, where client recruitment is still low despite the significant increase in Y3Q1 (Table 3).

Table 3. Client recruitment per project site, ROMP Project, Oct 1, 2013 – Mar 31, 2015.

MARP	City	LOP Target	Clients recruited	% Accomplished
MSM	Quezon	1,000	867	87
PWID	Cebu	720	722	100
	Lapu-Lapu	340	237	70
	Mandaue	380	354	93

ROMP may have over-targeted, as there may not be that many PWIDs in Lapu-Lapu City. This will be validated sometime in Y3Q3, when the Epidemiology Bureau (EB) of the DOH conducts a round of mapping in Lapu-Lapu City. Quezon City is likely to achieve its targets for MSMs and Mandaue City is likely to achieve its targets for PWIDs in Y3Q3.

D.1. MSM in Quezon City



In Y3Q2, the ROMP Project recruited 352 MSMs, a substantial increase in service uptake compared to the performance in previous quarters (Figure 1). This was due to the consistent referral of MSMs by Global Fund-supported staff following the instructions of the QCHD. Klinika Novaliches contributed 100 MSM clients in this quarter (28 percent). However, there were several instances when clients were not

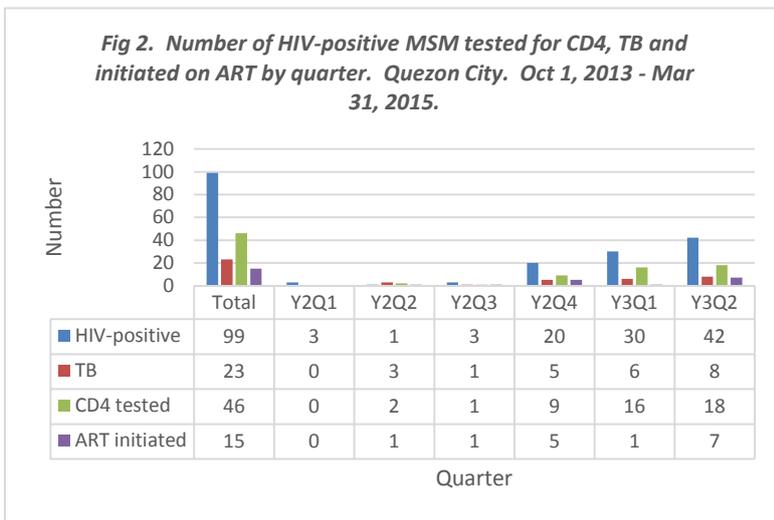
attended to in Klinika Novaliches because the clinic physician's schedule is only twice a week. There were also occasions when the physician was out meetings and trainings. The irregular availability of physician services was viewed to have probably affected client visit and retention.

The FB-PEs reported that they were having difficulty accessing MSM clients in their designated catchment area but were able to identify other cruising sites. The FB-PEs would be able to access more MSMs if they will be provided with transportation money for themselves and their potential clients.

The noted deficit between individuals recruited and those who got tested for HIV initially observed in Y3Q1 was also seen in Y3Q2 with 10 percent of recruited MSM not tested for HIV. Absence of the Medical Technologist (due to training requirements and family responsibilities) including

miscommunication and strained interpersonal relationships between the peer educators and the medical technologists was thought to have affected work performance. This was brought to the attention of the City Health Officer, who directed the staff involved to resolve their differences and to observe proper decorum and professionalism in the clinic. A team-building activity was scheduled in Y3Q3 to improve the working relationships in both clinics.

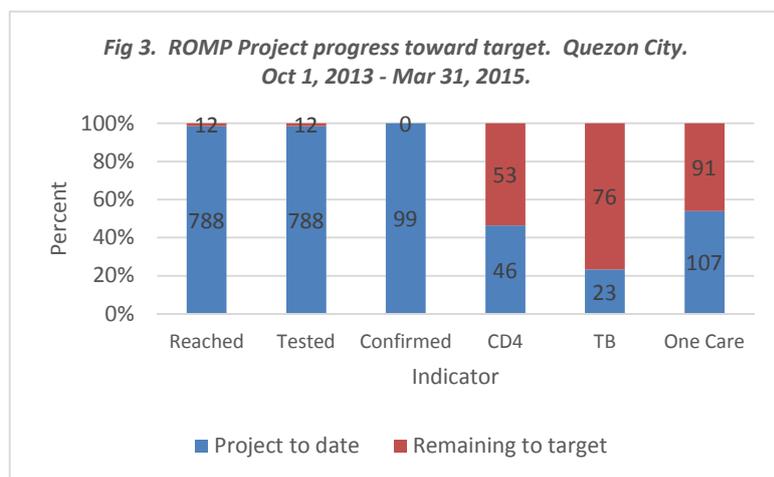
The project continues to identify more PLHIV with an HIV-positivity rate of 11 percent. However, only 15 percent were initiated on ART because of challenges related to CD4 testing (Figure 2). This



continues to be a problem despite the availability of a CD4 machine in Quezon City, which was observed to deliver unreliable results probably due to defective test kits and/or a defective machine itself. Pending resolution, clients are currently referred to the Research Institute for Tropical Medicine (RITM) for CD4 testing.

Failure to do TB screening was mainly due to the costs of chest X-rays. TB screening is also identified as an additional

bottleneck in the HIV continuum of care cascade. Of the 18 MSM PLHIVs identified in Y3Q2 and added to the total number of PLHIV, 6 were eligible for ARV treatment and 7 have initiated ART.

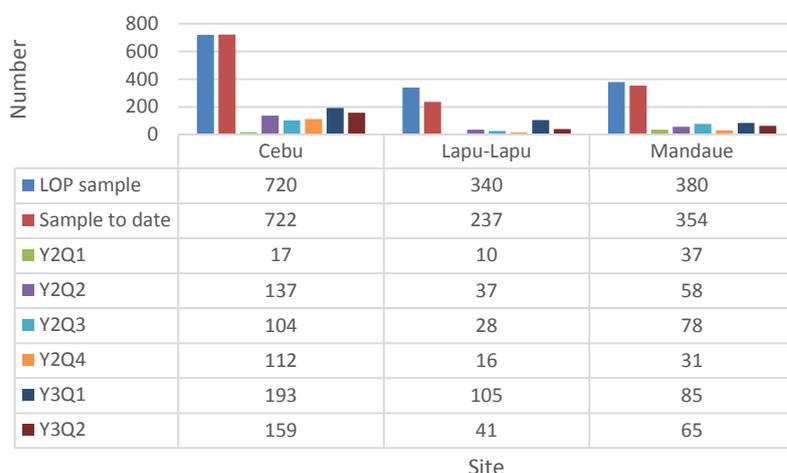


As can be seen in Figure 3, the ROMP MSM component has performed well in terms of reaching and testing the desired number of subjects. Since the project exceeded the estimated case detection for HIV-positive MSMs (n=53), the number of detected HIV-positive MSMs (n=93) becomes the focus for CD4, TB and One Care targets. Case management will be intensified in the remaining quarters of Y3, specifically, CD4

determination, TB screening and provision of one care service to social and sexual networks, caregivers and relatives of HIV-positive MSMs recruited to the ROMP interventions.

D.2. PWID in the Cebu Tri-City

Fig 4. PWID recruited by quarter by site. Cebu Tri-City. Oct 1, 2013 - Mar 31, 2015.



From January 1 to March 31, 2015, ROMP staff recruited a total of 265 PWIDs from the Tri-City area, broken down as follows: 159, 41 and 65 PWIDs from the cities of Cebu, Lapu-Lapu and Mandaue respectively (Figure 4). Recruitment in Cebu and Mandaue was deliberately slowed down because the sample size was expected to be reached during the quarter. Efforts were then directed to improve case management, particularly

TB screening, CD4 testing and when eligible, ART initiation. Intensified recruitment through PWID “parties” is supported in Lapu-Lapu City since less than 70 percent of the sample size needed has been recruited. In Cebu City, provision of services by ROMP staff in the Kamagayan Comprehensive Care Center (KCCC) assisted by the Asian Development Bank (ADB)-World Bank Big Cities Project (BCP) contributed to the early attainment of recruitment targets.

Fig. 5. Accomplishments for PWID component by quarter. Cebu Tri-City. Oct 1, 2013 - Mar 31, 2015

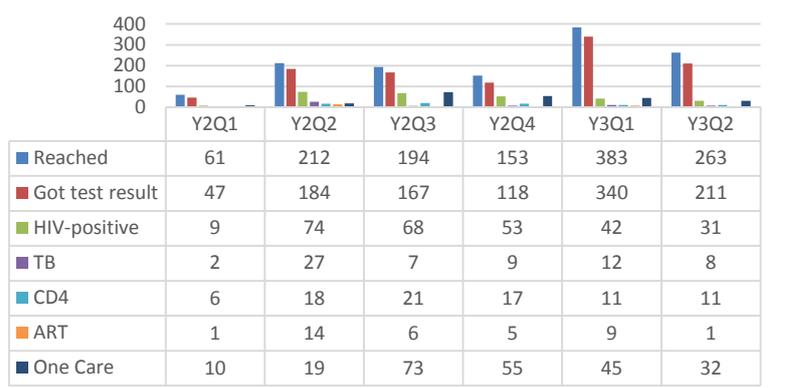
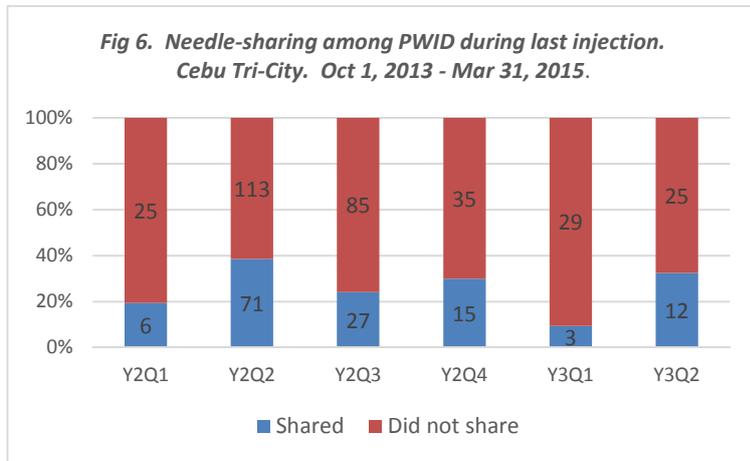


Figure 5 shows that at least 3 of 4 to as high as 9 of 10 PWID clients who had been tested for HIV got their test results. However, many HIV-positive PWIDs were not provided with essential diagnostic care needed to determine their eligibility for treatment. CD4 testing uptake is projected to increase in Y3Q3 since Cebu City has acquired a CD4 machine and a medical

technologist has already been trained to operate it. As a stop-gap measure, ROMP has negotiated the assistance of the TB component of GFATM to contract private laboratories and support payment for chest x-rays of PWID PLHIVs.

The number of PWIDs who had shared needles during their last injection had increased by 75 percent from Y3Q1 figures perhaps because of impediments in securing an adequate supply of clean needles.



Service providers were cautious in distributing the commodities due to objections posed by some Cebu City legislators, the media, and other stakeholders. PWIDs also had apprehensions about accessing commodities, as they risked being arrested by drug enforcement authorities. Of the three sites, Lapu-Lapu was the first to locally procure syringes and needles for use of PWIDs. The Mandaue City Health Officer also remains

reluctant now to allow needle-syringe distribution in the health office or in the community. PWIDs in Mandaue City thus continue to be referred to Cebu City for their supply.

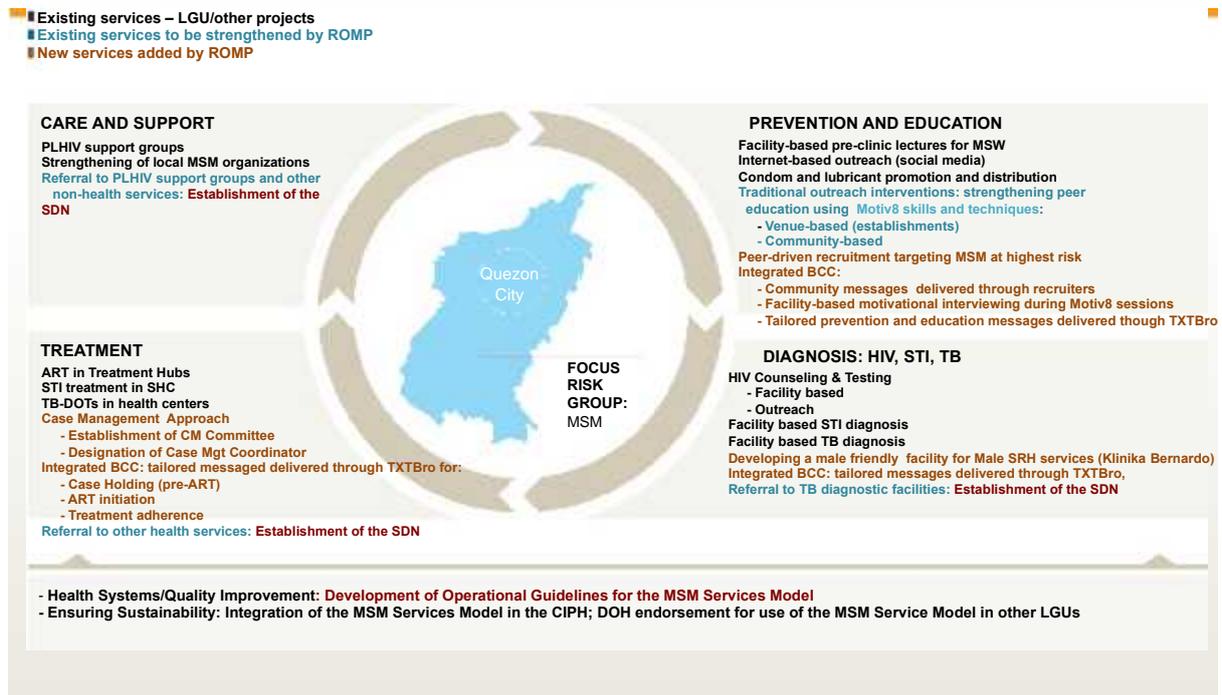
E. Milestones, Key Tasks, and Activities

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 Y3Q2 as well as the planned activities for Y3Q3 are presented in this section. Detailed descriptions of these activities are contained in the approved ROMP Project Y3 Annual Implementation Plan (AIP).

E.1.1.1. Prevention and Education

Y3Q2 Activities:

Activity 1.1.1.1. Client recruitment and referral to Klinika Bernardo

Of the 352 MSM clients recruited during the quarter, 67 percent were walk-in, 12 percent were referrals by LGU peer educators, and the remaining 21 percent were recruited by Global Fund PEs. The walk-in clients said that they had learned about the clinic through word-of-mouth and through random Internet searches. It is expected that more recruits accessed online/via social networking sites will be enrolled in Y3Q3 with the implementation of the communication activities by the USAID-funded CHANGE Project.

Sub-activity 1.1.1.1.1. Collaboration with the CHANGE Project

The MSM HIV communication plan developed by CHANGE with ROMP has been approved by QCHD and will be presented to Mayor Herbert Bautista in Y3Q3. Still pending major deliverables are the recruitment of the “Bernardo Buddies” and the development of promotional materials. In February 2015, CHANGE detailed the concept of securing the services of “test buddies” who will “chat” with

potential Klinika Bernardo clients on HIV testing via social networking sites and "events". These Bernardo Buddies (BBs) who will be recruited and hired by CHANGE and will be stationed in Klinika Bernardo beginning in Y3Q3 to meet clients they recruited online and link them to Klinika Bernardo staff for needed services.

In March 2015, eight (8) potential BBs were given an orientation by QCHD staff on the basic concepts of HIV and AIDS; the MSMs' background, desires, needs and health issues; the necessity of reaching discreet MSMs; and the importance of condoms and lubricants in HIV prevention. Likewise, the potential BBs underwent simulation exercises on the use of Grindr (the mobile app that will be used for client recruitment) and were asked to react to situations that they may encounter online, in Klinika Bernardo and during "events". The selection panel deliberated and five (5) BBs were selected based on looks, communication skills, facility in communicating with potential clients in Grindr, and the ability to respond appropriately to different situations.

ROMP proposed to CHANGE that five BBs undergo the entire process of motivational interviewing, pre-test counseling, actual/mock testing, waiting for test results and post-test counseling. They should have an idea on these so they will be able to provide accurate information to prospective MSM clients.

Sub-activity 1.1.1.2. MSM Interest group meetings

To provide access to comprehensive sexuality education and to encourage return visit for motivational interviewing (Motiv8) sessions and re-testing, ROMP conceptualized the "Learning Group Sessions (LGSs) for MSMs" or interest group meetings. These will be venues to inform, educate, and enhance skills of MSMs on matters related to their sexuality. For the sessions to be truly relevant and responsive to MSM concerns and interests, clients coming from Klinika Novaliches were consulted through small group discussions and based on these, a draft Facilitators' Module was developed (Annex C). This was presented to the Quezon City Health Office on March 13, 2015 at Fersal Hotel-Kalayaan. The concept and the topics were approved and the modules will be completed in time for the April 6-8, 2015 training of peer educators with selected SDN members serving as LGS facilitators. The topics to be included in the LGS for MSM are:

- Tops and Bottoms: Experiences and Tips
- Hook-ups Anonymous (how to cruise safely)
- Love or Fubu (Fuck Buddy): Finding Mr. Right or Mr. Right Now
- Positive or Negative: How to Know You're Safe and How to Deal with HIV among Friends & Family
- Pare-pare, Mare-Mare: Straight Acting, Effem and the Colorful World of 'Bakla'

Activity 1.1.2. Strengthen Skills of LGU MSM PEs

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

To build capacity of the LGUs and local NGO partners to conduct the Motiv8 training on their own, ROMP conducted the MSM Motiv8 training of trainers in February 2015, together with Ms. Ma. Graziella Cardano and Ms. Jackie Acosta (recently retired) of the Health Human Resource and Development Bureau – Department of Health (HHRDB-DOH). The main reference materials used in the training were the FHI 360-developed *Motiv8 Training for Facility-Based MSM Peer Educators*

Facilitators' Guide and the Trainers' Guidebook towards Sharpening Skills in Conducting Motiv8 Modules. Table 4 lists the individuals who completed the trainers' training.

Table 4. Individuals trained as Motiv8 Trainers for MSMs. ROMP Project.

Name	Gender	Agency
Dr. Teodulfo Joselito Retuya	M	CHO, Cagayan de Oro City
Dr. Jordana Ramiterre	F	CHO, Davao City
Ms. Eryl Eballe	F	CHD, Cebu City
Bernard Sevilla	M	Take the Test, Inc.
Arubah Hadjirul	M	Pinoy Plus Association, Inc.
Oscar Oliveros, Jr.	M	AIDS Society of the Philippines
Milton Castillo	M	CMC, Klinika Bernardo
John "Devine" Mare David	TG-W	FB-PE, Klinika Bernardo
Anthony Villanueva	M	FB-PE, Klinika Bernardo
Desi Andrew Ching	M	HIV and AIDS Support House

From February 23 to 27, 2015, the just-trained pool of trainers facilitated the refresher Motiv8 training for the newly-hired Peer Educators and nurses and medical technicians of other Social Hygiene Clinics. There were 17 MSM peer educators and staff who participated but only 14 completed the course attendance. Of the 14, six (6) will be intensively mentored by ROMP for falling short of the required post-test score of 16:

Name	Day 1	Day 2	Day 3	Day 4	Day 5	Pre-Test	Post-Test
Ma. Grace Lucasan	√	√	√	√	√	8	19
Dr. Monina C. Santos	√	√	√	√	√	4	18
Angelo Tilan	√	√	√	√	√	7	17
Emil BJ Gozum	√	√	√	√	√	6	17
Dr. Xeres A. Sabarte	√	√	√	√	√	8	17
Marilyn C. Ibardolaza	√	√	√	√	√	7	17
Jason J. Sepnio	√	√	√	√	√	8	16
James Tibio (Boom)	√	√	√	√	√	4	16
Gian Gilbert Averilla	√	√	√	√	√	5	15
Joselyn G. Rino	√	√	√	√	√	5	14
Darwin Dabalos	√	√	√	√	√	4	14
Prince Andrew S. Olifernes	√	√	√	√	√	6	13
Rhyan John R. Josen	√	√	√	√	√	4	13
Jess Shay C. Mabini	√	√	√	√	√	5	13
Jeffrey Cobo	√	√	√	√		7	
Ace P. Portes	√	√	√			6	
Ariel San Diego	√	√	√			5	

Sub-activity 1.1.2.2. Post-Training Mentoring of MSM Peer Educators

While the FB-PEs of Klinika Bernardo have displayed a considerable degree of confidence in conducting Motiv8, there remains a need to educate them on how to deal with the clients of different sexual orientations and gender identities without biases and stereotyping. This includes: a)

the use of labels that are derogatory or offensive to the clients such as “bakla” or “beks”; b) doubtful attitude towards “gay” clients especially when they disclose their sexual inexperience; and c) labeling all MSM clients as one and the same in terms of needs, sexual behavior, and practices. As observed, Case Management Coordinators (CMCs) and other staff were reluctant to provide Motiv8 sessions and sometimes did not enroll prospective clients because they seem not to fit the “typical” physical characteristics of MSM. Many of these clients would actually be at higher risk due to engagement in multiple-penetrative anal sex as “receivers” especially when drunk or engaged in transactional sex with other older males. Knowledge and understanding of the FB-PEs and nurses in Klinika Bernardo and Klinika Novaliches on sexual orientation and gender identity (SOGI) was enhanced when Ms. Devine Mare David (FB-PE of both) and a UNDP/DOH trained facilitator on SOGI facilitated a half-day mentoring on March 12, 2015. Critical actions that were emphasized and agreed during the orientation included the following:

- Enhancement of the facility forms to indicate appropriate categories not limited to hetero-normative labels and allowing clients to personally fill out the forms based on their self-categorization;
- Greeting the first-timer clients with their preferred title during the admission and not with “Sir” or “Ma’am;” and
- Conduct of sexual risk assessment based on the understanding of the SOGI and not based on client’s looks or physical appearance.

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.

Per instruction of the Quezon City Health Officer, all MSM clients in Klinika Bernardo and Klinika Novaliches are offered Motiv8 sessions during their visit. Beyond the Motiv8 session, clients are encouraged to develop behavior change plans (health seeking, risk reduction or treatment), which are tracked by the FB-PEs during client visits.

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

ROMP has already coordinated with MyClick Technologies Inc., the database consultant for the expansion of the client database system originally used in Klinika Bernardo, to install database software that includes TXTBro in Klinika Novaliches and the three (3) other social hygiene clinics (SHCs) of Quezon City. Technical assistance and staff training is expected to be completed in Y3Q3.

In Y3Q3, the following activities will be conducted:

- Conduct three high-impact “events” involving BBs, upon USAID approval of the BB activities and the collateral materials.
- Recruitment through Grindr and “hand-holding” of recruited clients in Klinika Bernardo.
- Conduct of LGS.
- Provision of Motiv8 counseling to 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.

E.1.2. Diagnosis of HIV, STIs, and TB

Y3Q2 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 an MSRH Clinic

Online and event-based promotions will be used to promote Klinika Bernardo as an MSRH clinic. The communication plan for this can be seen in Annex D. Other promotional activities, like the LGS and the provision of T-shirts, dog tags, and other collaterals with emblems and core messages, will be executed to promote Klinika Bernardo.

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 Y3Q3.

With ROMP, the staff of the STD/AIDS Central Cooperative Laboratory (SACCL) will provide the technical assistance. The initial meeting in February 2015 identified the following activities to be part of the assistance:

1. *Assessment of the laboratory facility vis-à-vis its envisioned development into a male reproductive health center and satellite ART Clinic:* This includes the gathering of information that will help create a better understanding of the current situation, capacities, services available, including issues, concerns, and gaps of Klinika Bernardo laboratory services in responding to RH, pre-ART work-up, and ART monitoring needs of male clients.
2. *Development of the MOP for Klinika Bernardo laboratory services:* Based on the results of the laboratory assessment, a manual of procedures will be prepared to guide conduct of identified laboratory tests or procedures and overall laboratory operations, consistent with requirements and standards as prescribed by the national reference laboratory. The MOP will also include procurement forecasting for needed laboratory materials, supplies or reagents; and suggested pricing structures for laboratory services to be offered.

Activity 1.2.2. Strengthening the SDN for PLHIV in Quezon City

Sub-activity 1.2.2.1. Psychosocial care training for SDN focal persons

As part of continuing capacity building for SDN member agencies, ROMP planned a psychosocial care training (including basic mental health screening) 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 non-availability of the short-term consultant identified to provide this training for SDN focal persons. Implementation will be moved to Y3Q3.

Instead, the SDN members focused on the enhancement of the *Operational Guidelines of the SDN for PLHIV in Quezon City*. The Quezon City Health Officer requested to update operational details, the terms of reference of the secretariat and members, including the guide in monitoring and

evaluating activities, among others. ROMP facilitated a participatory review workshop on January 23, 2015 to address these expressed needs. Discussions centered on thematic areas, such as leadership and organizational structure of the SDN, financing and sustainability, referral system and monitoring and evaluation. To validate the operational guidelines contents produced by technical experts, another workshop was held on January 30, 2015, this time with PLHIV clients. The more detailed *Operational Guidelines of the SDN for PLHIV in Quezon City* will be produced by QCHD with technical assistance from ROMP. This will be vetted by the DOH for technical concurrence followed by final editing and production of a pre-print of the document by Y3Q3.

Sub-activity 1.2.2.2. Conduct regular SDN meetings

In February 2015, the SDN held its regular meeting at the Philippine National Red Cross-QC Chapter office. Another SDN meeting was held in March 2015 as part of the Project Implementation Review/Assessment (PIRA). Minutes of these meetings are in Annexes E.1 and E.2.

In Y3Q3, the following activities 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
- Regular SDN meetings

E.1.3. Case Management

To update case management implementation and to incorporate more operational details in the terms of reference of the case management team, ROMP supported the review of the Operational Guidelines for CMTs in Quezon City. The draft guidelines were presented to QCHD policy-makers and decision-makers during a consultation workshop on March 13, 2015. The City Health Officer emphasized the need for the CMT to improve and intensify its mechanisms to ensure that HIV cases especially among MSM are provided with adequate interventions. She supported the adoption of case management approach in all SHCs and Sundown clinics in the city. The final version of the revised TOR of the CMT was transmitted to the Quezon City Health Officer for her approval.

Y3Q2 activities:

Activity 1.3.1. Establish CMT for HIV-positive MSM

All HIV-positive MSMs detected or received in Klinika Bernardo were encoded 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. Conducting Case Management Team Meetings

With technical assistance from ROMP, the CMT was able to conduct the 10th and 11th CMT meetings during the quarter. The CMCs coordinated and documented the procedures for the case reviews and followed through the implementation of the CMT recommendations. During these meetings, the CMT reviewed the PLHIV database and identified needed actions to ensure that clients are able to get their confirmatory results. The meetings also tracked and identified interventions to

reach clients who were lost to follow-up. Other issues and constraints in case management were also resolved during the meetings. The meeting note is in Annex F.

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

Sub-activities 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 staff on the use of TXTBro”

Tailor-fitted messages had already been pre-tested and finalized in collaboration with the CHANGE Project. Pending the installation of the TXTBro system in *Klinika Novaliches* and other SHCs, ROMP provided a mobile phone with a post-paid connection to *Klinika Novaliches* so that they could start sending messages to the clients who provided consent for inclusion to facility notifications and tailored messages. This was done to maintain contact with the clients and to encourage them to visit/revisit the facility. The installation of the TXTBro system in *Klinika Novaliches* including the orientation of the staff and PEs on the use of TXTBro is planned for April 21, 2015. ROMP will then continue to provide assistance to *Klinika Novaliches* and to the other SHCs to operationalize the SMS system software.

In *Klinika Bernardo*, the CMC reported the effectiveness of TXTBRO especially for case management. The TXTBro was instrumental in motivating 10 clients considered lost to follow-up to return to the facility and get their confirmatory results. This also facilitated the continuation of clients in the cascade of services.

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

This quarter, the draft Memorandum of Understanding (MOU) between the Quezon City Government and the DOH establishing *Klinika Bernardo* as a satellite treatment hub for HIV infection was finalized. The Quezon City government, through Mayor Herbert Bautista, already signed the MOU and this was already forwarded to the DOH-Center for Health and Development-NCR for their signature.

A parallel effort of the QCHD, assisted by ROMP, is the determination of mechanisms to transfer current Quezon City resident PLHIVs receiving treatment from RITM to *Klinika Bernardo*. A meeting was held in January 2015 where Dr. Rosanna Ditangco of RITM expressed the willingness and support of their agency in the proposed transfer of clients. She also emphasized the need for *Klinika Bernardo* to be accredited by PhilHealth prior to the transfer of clients to ensure access to the PhilHealth OHAT package.

In Y3Q3, ROMP will assist the QCHD in following up the MOU establishing *Klinika Bernardo* as a treatment hub, will work for its accreditation by PhilHealth, and will assist in the migration of clients from RITM.

E.1.4. Care and Support

As the revised Operational Guidelines for the SDN are yet to be finalized, the visit of SDN member agencies to the facilities and services of other members was temporarily deferred to ensure that the information provided during orientation/visits will be consistent with the revised guidelines. These

visits will provide the opportunity to review accomplishments of SDN member agencies and get further insights on implementation experience.

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

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. Other activities and plans akin to this section are in Sub-activities 1.1.1.1., 1.3.2.1., and 1.3.2.2.

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

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

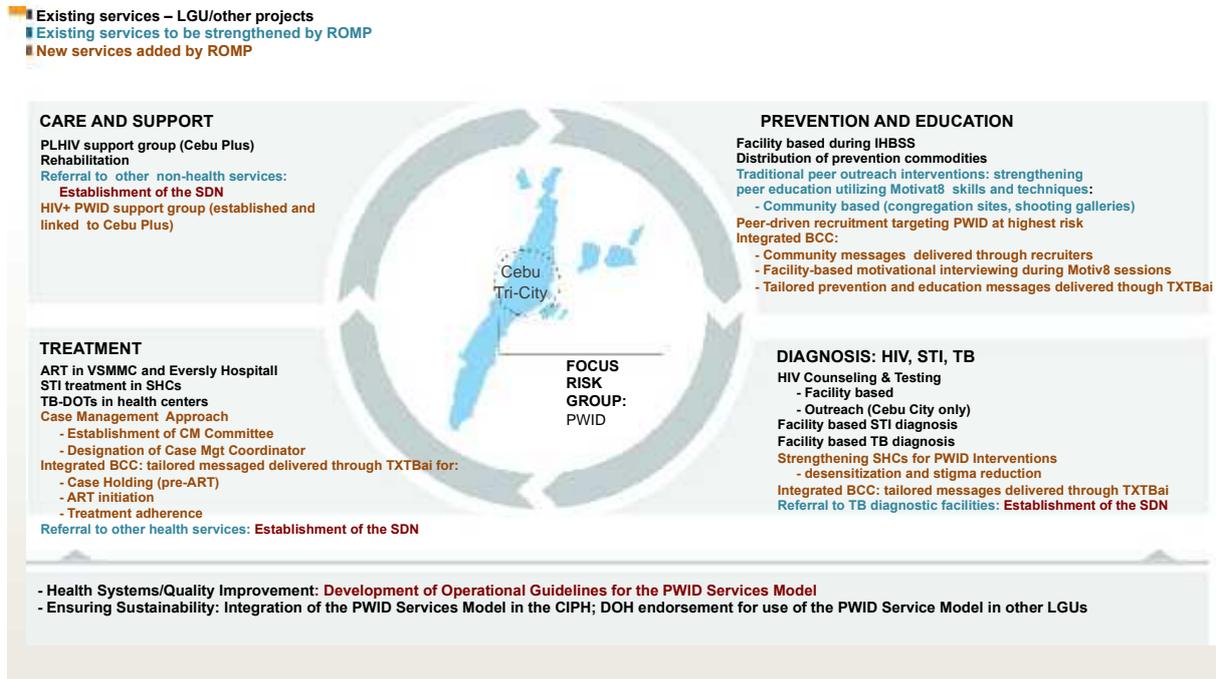
E.1.8. Managing Transition and Promoting Sustainability of Interventions:

The transition and sustainability planning workshop for the MSM interventions scheduled in February did not push through because this is being re-designed and is planned to be conducted in Y3Q4. The consultation meetings to draft LGU administrative issuance have also been moved to Y3Q3.

E.2. PWID Component

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

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



The activity highlights in Y3Q2 as well as the planned activities for Y3Q3 will be presented in this section. Detailed descriptions of these activities are contained in the approved ROMP Project Y3 AIP.

E.2.1. Prevention and Education

Y3Q2 activities:

Activity 2.1.1. Client Recruitment into PWID Interventions

In lieu of PDR, PWID recruitment in Y3Q2 into ROMP-supported services was realized primarily through referral by Global-Fund-supported peer outreach workers (Cebu and Mandaue) and by the conducting of community desensitization, followed by PWID parties (all sites). In addition, ROMP partnered with BCP for PWID recruitment in the KCCC. The BCP Project focuses on the PWID who are HIV-negative. As such, the PWIDs who were diagnosed as HIV-positive were referred to ROMP for case management. The ROMP CMC and FB-PE from Cebu City provides services in the KCCC every Tuesdays and Thursdays.

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

To build capacity of the LGUs and local NGO partners to conduct the Motiv8 training on their own, ROMP conducted the PWID Motiv8 training of trainers, together with Ms. Ma. Graziella Cardano and Ms. Jackie Acosta of the Health Human Resource and Development Bureau – Department of Health (HHRDB-DOH). The main reference materials used in the training were the FHI 360-developed *Motiv8 Training for Facility-Based PWID Peer Educators Facilitators’ Guide* and the *Trainers’ Guidebook toward Sharpening Skills in Conducting Motiv8 Modules*. Table 5 lists the individuals who completed the TOT.

Table 5. Individuals trained as Motiv8 trainers for PWIDs, ROMP Project

Name	Gender	Agency
Bro. Paul Bongcaras	M	SVD, Outreach Worker
Dr. Mely Lastimoso	F	CHO, General Santos City
Dr. Ilya Tac-An	F	CHD, Cebu City
Ms. Estela Amoin	F	CHO, Lapu-Lapu City
Ms. Rosalie Mendoza	F	CHO, Zamboanga City
Mr. Melchor Suguran	M	GFATM, Cebu City
Mr. Francis Irving Baring	M	GFATM, Mandaue City
Mr. Remberto Generalao	M	ROMP, PNGOC

This training developed a pool of trainers who could be tapped beyond the project’s life to support additional Motiv8 capacity building. Representatives from the cities of General Santos and Zamboanga participated in the TOT to serve as lead trainers in their cities when they decide to include Motiv8 in their activities to address their PWID HIV/AIDS concerns.

Dr. Mely Lastimoso of General Santos City said that motivational interviewing is the missing link to effect sustained increase in positive behavior change. She plans to conduct a rollout Motiv8 training since a pool of trainers and a prototype trainers module are available, but there are questions about the availability of funds for the training.

Ms. Rosalie Mendoza of Zamboanga City also sees the importance of motivational interviewing for behavior change. She believes that she will be able to conduct the Motiv8 training in her city because of the very supportive city health officer and city mayor. She plans to start advocating for inclusion of Motiv8 in their HIV prevention and control efforts as soon as she gets back to Zamboanga City.

From February 2 to 6, 2015, the just-trained pool of trainers facilitated the refresher Motiv8 training for peer educators of ROMP, Global Fund in Mandaue City and the Asian Development Bank (ADB)-funded Big Cities Project (BCP). There were nine (one female) PWID peer educators, but only seven completed the course attendance. Of the 7 completing the course, 5 will be intensively mentored by ROMP for falling short of the required post-test score of 16:

Name	Day 1	Day 2	Day 3	Day 4	Day 5	Pre-Test	Post-Test
Lyle Morrel del Campo	√	√	√	√	√	20	20
Jared Tremane Navarete	√	√	√	√	√	17	16
Jezofil Gindang	√	√	√	√	√	10	15
Vincent Ompoc	√	√	√	√	√	5	14
Amiel Abarquez	√	√	√	√	√	6	12

Jonas Morales	√	√	√	√	√	4	10
Jeremiah Verano	√	√	√	√	√	4	7
John Vincent Cruz	√					8	-
Nancy Jean Gatcho	√	√				6	-

Activity 2.1.3. Conducting Motiv8 Sessions

Sub-activity 2.1.3.1. Conducting Motiv8 session for all PWID Clients in the SHC.

Motiv8 is routinely offered to all PWID clients in the Tri-City area. During the quarter, it was offered to clients in the BCP-Kamagayan CCC by ROMP staff from Cebu City. To augment and sustain implementation in the Center, the two (2) peer educators of the BCP were also trained in the conduct of Motiv8 in February 2015.

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

The EpiInfo data files have been developed by the ROMP Project, which captured important data contained in the Individual Client Records (ICR) of PWID clients. An initial training on navigating EpiInfo was conducted on August 7, 2014, where the CMCs were the main participants since they essentially complete data encoding. Because of some data quality issues and the expressed need by the CMCs for a more in depth training on the EpiInfo software, particularly on data encoding, cleaning and simple analysis, a two-day training was organized. The facilitators' meeting and preparation of training materials was completed from March 28 to 29, 2015

The two-day, live-out training was held from March 30 to 31, 2015, which informed the six (6) participants on setting-up the EpiInfo system, the uses of the EPED (.qes), ENTER (.rec) and CHECK (.chk) files, steps in data encoding and the use of the encoding guide, viewing and editing encoded client records, simple data analysis to aid data cleaning and back-up procedures. This was followed by a hands-on data cleaning of data files and simple data analysis. Incidentally, two ROMP-PNGOC staff (Mr. Remberto Generalao, Project Officer, and Ms. Ana Liza Arenaza, Project Assistant) were included in the training to build their capacity in providing day-to-day supervision and mentoring.

All participants (see table below) were able to complete the two-day training and actively participate in the discussions and hands-on creation of the .qes, .rec and .chk files, data entry, and simple data analysis.

Name	Designation	Gender	
		Male	Female
Marisol Encarnacion	CMC, Cebu City		ō
Dryden Baclohan	CMC, Mandaue City	ō	
Mary Carmelle Amoin	CMC, Lapu-Lapu City		ō
Melchor Suguran	SIO, Global Fund, Cebu City	ō	
Esmeraldo Pagarido,	SIO, Global Fund, Cebu City	ō	
Pancratius Nadela	PE, Global Fund, Cebu City	ō	
Francis Baring	SIO, Global Fund, Mandaue City	ō	

This training contributes to the indicator: (HIV 13) Number of MSM and PWID PE, CMC /support group facilitator and Klinika Bernardo and the Tri City SHC organic staff who received post-training/post-orientation mentoring and coaching.

In Y3Q3, the following activities will be conducted/continued:

- Client recruitment into PWID interventions as described in Activity 2.1.1. and routine collection of responses for “awareness of messages” variables.
- Mentoring of trainers during their conduct of Motiv8 training and the FB-PEs during their Motiv8 implementation.
- Mentor on database management and finalize creation of .pgm files to expedite data analysis.
- Explore the possibility of conducting additional case management and PWID Motiv8 trainings in Global Fund-NFM sites.

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

The Cebu City Health Department has received CD4 and GenExpert machines from the BCP and TB-component of GFATM, respectively. These will expedite service delivery and eventually improve case management among PWID PLHIVs. The medical technologist has already been trained on how to operate the machines and testing will be initiated in Y3Q3.

Y3Q2 activities:

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

In January 2015, ROMP assisted the DOH-CHD 7 to conduct a two-day meeting for the SDN and the HIV TWG (Annex G) to inform stakeholders on the SDN for PWID and the allocation of funding for its operations in the 2015 work and financial plan for DOH CHD 7. It was attended by representatives from the Tri-City area, other LGUs in the region, and project-based organizations working with HIV. The provision of the 2015 Performance-Based Grants and other supplemental activities planned and budgeted were likewise discussed. Other meeting highlights were: The agreement to merge the HIV TWG and the Regional AIDS Assistance Team (RAAT), since both bodies have similar mandates and membership; and the distribution of the signed and framed memorandum of understanding (MOU) among heads of SDN member organizations and the scheduling of the next SDN meeting (June 2015).

E.2.3. Case Management

Y3Q1 activities:

Activity 2.3.1. Strengthening the CMT for HIV-positive PWID

Sub-activity 2.3.1.1. Conducting Case Management Team Meetings

Monthly CMT meetings were conducted during the quarter in the cities of Cebu, Lapu-Lapu, and Mandaue respectively. The CMT meeting proceedings are in Annexes H.1. through H-7.

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

- All SHCs, including hospitals, will do symptomatic screening for TB among all PLHIVs. All those needing GeneXpert and chest x-ray will be referred according to the following table:

Mandaue	Medical City	Eversley
Lapu-Lapu	Sto. Nino Lab	Eversley
Danao	Danao Prov. Lab	Eversley
Talisay		VSMCC
VSMCC	VSMCC	CTRL

- The Global Fund will enter into a memorandum of agreement with the named laboratories (for chest x-ray) to perform the chest x-ray for PLHIVs with request and bill (from Global Fund).

Dr. Roquero will submit the names of approving authorities per LGU.

In Y3Q3, ROMP will continue to support regular CMT meetings and mentoring of CMCs, particularly on rigorously reviewing client status, offering and providing appropriate services, and regularly updating the case management matrix.

E.2.4. Care and Support

Y3Q2 activities:

Sub-activity 2.4.1.1. Capacity Building for the Positive Support for Peers (PsP)

To enhance the management skills of Positive Support for Peers (PsP) membership, the HIV-positive PWID support group organized by ROMP, a leadership skills capacity-building activity was supported by ROMP from February 26 to 27, 2015 with the Global Fund Site Implementation Officers (SIO) of the cities of Cebu and Mandaue facilitating. Fourteen (14) PsP members participated and they crafted the organization’s vision, mission and goals by means of a theater presentation. From the group discussions, the members realized that their drug addiction, coupled with a number of personal problems, hindered them from fully realizing their potential. They agreed that they would register PsP in the Securities and Exchange Commission (SEC) and invite willing personalities to be part of the Board of Trustees (BOT).

Sub-activity 2.4.1.2. Conducting HIV-positive PWID Support Group Meetings

PsP meetings were scheduled twice a month. The meeting held during the 1st Monday of the month is devoted to the discussion of health issues encountered by the PsP members. During this quarter, the group discussed ART adherence. They identified priority actions to motivate three (3) members who stopped treatment for personal reasons. The meeting notes are in Annex I. The meeting during the last Friday of the month is devoted to CD4 testing. Eligible PWID PLHIVs are identified days in advance and are followed-up during the testing day.

Activity 2.4.2. Mobilization of CMTs for HIV-positive PWID

In this quarter, ROMP regularly monitored/observed CMT meetings and provided continuing mentoring and coaching to PWID CMCs. The monthly CMT meetings were conducted to keep track of the HIV matrix and cascade of services for the three sites. A total of nine meetings (three meetings per city) were conducted during the quarter. These meetings provided the venue for the identification of priority actions and activities to ensure case management of increasing detected

cases in the Tri-City area. Non-health issues were also raised and resolved during the CMT meetings, which include the provision of training for livelihoods and Philhealth enrolment of PWIDs, among others.

In Y3Q3, ROMP will continue to support regular CMT meetings and mentoring of CMCs, particularly on rigorously reviewing client status, offering and providing appropriate services, and regularly updating the case management matrix.

E.2.5. Strengthening BCC programming

Y3Q2 activities:

ROMP supported CHANGE to develop a PWID HIV Communication Plan and was approved during this quarter by the Tri-City stakeholders as well as by NCDPC Director Irma Asuncion and HIV/AIDS Program Manager Gerard Belimac.

The ICR used for enrolling clients at the clinics was revised by ROMP based on the recommendations of CHANGE to monitor the reach of messages developed by the ROMP and CHANGE projects. The PWID database was also modified to allot data entry spaces for the incorporated “awareness of messages” variables. In February 2015, the CMCs started collecting responses to these “awareness of messages” variables.

In Y3Q3, ROMP will continue the distribution of communication materials and, with CHANGE, will continue to collect responses to the “awareness of messages” questions 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

Technical clearance at the LGU level was secured for the *Social Hygiene Clinic Information System operations guide* and the *HIV-positive PWID support group operational guide*. Clearances for the other documents will be secured from the LGU and the DOH in Y3Q3. ROMP has contracted a consultant who will assist in editing, sequencing, and styling the compendium and coming up with a layout (printer ready) version of the document.

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

E.2.7. Managing Transition and Promoting Sustainability of Interventions

In Y3Q2, ROMP and DOH-CHD 7 assisted the LGUs in developing draft internal guidance issuance that spells out the services for PWID and how these will be delivered. After a series of consultation meetings, the draft issuance was completed (Annex J) and is now awaiting endorsement by the City Health Officers to the City Mayors for signature.

Based on the list of ROMP Project MSM component milestones (contained in the ROMP PMP), the following have 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
 - TXTBro Operations Guide (incorporated in
 - HIV-positive 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

Fieldwork related to costing of the PWID CPS model was completed in April 2015. A final costing document will be completed in Y3Q3.

E.3. Project Implementation Review/Assessment

As described under Phase III of the ROMP Project Framework, FHI 360 conducted the project implementation review/assessment (PIR/A) for both MSM and PWID components in March 2015. The assessment team was composed of:

1. Paul Janssen, International Consultant, Team Leader
2. Dr. Roderick Poblete, Assistant Professor, University of the Philippines, PIR/A Team Member
3. Dr. Leo Alcantara, Independent Consultant, PIR/A Team Member

The team reviewed relevant ROMP project documents and city health office records, and conducted in-depth interviews and group discussions among key stakeholders as well as site observations. The draft assessment report is in Annex K. The following are the key results of the PIR/A:

1. All but one of the project-supported innovations are generally considered to be effective and worth scaling up into the national guidelines for key population HIV services. The lack of evidence from the service statistics for decreased leakage in the HIV prevention to care cascade is due partly to the design of the program (no comparison group) and partly due to factors in the health system and unsupportive policy/legal environment for HIV services.

2. Peer Driven Recruitment is considered effective for transgender women but not for MSM and PWID. The team recommended that (a) the PDR model for transgender women be documented; (b) the PDR model for contact tracing of HIV-positive clients be documented; (c) CBOs be used more effectively in reaching out; and (d) strategies to reach the most-at-risk and hardest-to-reach be reassessed.
3. Motivational and client-centered counseling (Motiv8) is a paradigm change for interpersonal communication and has big promises in all HIV and other health promotion services. It was recommended (a) to develop an HIV 101 module for health educators who lack basic knowledge; (b) to develop advanced modules for PWID and MSM for advanced counseling; (c) to develop supportive information-education-communication (IEC) materials for Motiv8; (d) to offer refresher training all Motiv8 trainees; (e) to undertake a TOTs and develop a national corps of Motiva8 trainers; and (f) to offer training to all current and potential future peer educators in priority sites.
4. The case management approach is instrumental in assessing individual client service outcomes and in monitoring the service cascade. Crucial components are a case management coordinator, case management team meetings and the use of computerized service statistics, and a case management matrix. It was recommended to (a) document the case management systems; and (b) offer case management training to all HIV service providers who are willing to commit to case management.
5. Regarding the database and case management matrix it was recommended (a) to document matrix & database; (b) to align the system with DOH and Global Fund reporting systems; (c) to contract development of a user-friendly database interface including warning signs for delays, as freeware; and (d) to develop training modules and roll out training in priority sites. Regarding the SMS text message warnings, it was recommended to (a) include early warning and text messaging in the database system; and (b) to train all HIV services targeting MSM in this system.
6. The Service Delivery Networks set up by the project have been instrumental in coordinating relevant service providers within the continuum of care, and to increase referral and quality – addressing some of the health system barriers to access. It is recommended (a) to develop national guidelines for service delivery networks, including examples of agreements and key services; (b) to contract a PLHIV NGOs to develop online provider directories to be made available for regular updating; and (c) to organize facilitated tours of service providers for HIV service staff in priority cities.
7. During the final phase of the ROMP project, the Philippines will finalize the operational plan for scaling up MSM and PWID services to be funded through a Global Fund grant. This provides an opportunity for ROMP to share lessons and models. It is recommended (a) to align the workplan for the final phase closely with DOH and Save the Children (the PR for the Global Fund grant) and (b) to be strategic in developing the workplan for the last phase, prioritizing
 - Sustaining the supported services in project sites;
 - Scaling up innovations on more sites in the current four project cities; and
 - Replicating models across the additional 15 priority cities.
8. Finally, assessment of the treatment cascade for each of the clinics and the project as whole generates several important questions about effectiveness of the services and the reasons for the ‘leakages’. It was recommended (a) to undertake research on the service outcome database

after cleaning the data; and (b) to commission complementary qualitative research to address some of the contextual factors related to service access and quality.

F. Major Implementation Issues

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

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
Management Concerns	Misunderstanding between the PEs and the medical technologist from Klinika Bernardo persisted despite the “closed-door meeting” conducted last quarter. This affected their working relationships but also the facility service delivery.	<p>A staff meeting with the CHO was held on April 17 at Klinika Bernardo. The CHO enjoined the staff concerned to maintain professionalism in their work.</p> <p>ROMP will incorporate in the post-training coaching and mentoring inputs on team building and conflict resolution sessions.</p> <p>A team building session will be conducted to enhance teamwork.</p>	The CHO warned the staff against misconduct as public officials. She expressed her intention to reprimand concerned staff should the issue persist.
	The two-day per week (Tuesdays and Thursdays) availability of Dr. Gabagat, the physician assigned in Klinika Novaliches, limits delivery of case management services. He had added assignments in another health facility (e.g., Payatas).	The City Health Officer recommended to Dr. Gabagat for him to find a replacement physician who could be stationed in Payatas so he could work full time in Klinika Novaliches.	
Technical Concerns	<p>The PEs and counselors were confused on procedures in releasing confirmatory HIV test results to clients.</p> <p>Dr. Gerard Belimac and Dr. Genesis Samonte clarified that “the opening of the sealed envelope is not considered breach of confidentiality, because the counselor or the physician should have knowledge of the confirmatory testing result prior to counseling to mentally prepare the counselor, as well as to verify</p>	<p>A copy of the proceedings of the DOH PIR in Tanza, Cavite City, on 20-23 January 2015 will be secured as guidance.</p> <p>During the PIR, the conditions allowing the PEs and physicians to open the confirmatory result were identified as described below:</p> <ol style="list-style-type: none"> 1. Only the trained HIV counselor with code from the DOH, who conducted the counseling will be 	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<p>names of the owner in the record.”</p> <p>However, the Peer Educators recently trained on HCT by the DOH reported that as an instruction during their training, the sealed envelope should be handed to the client. As per protocol, checking the content of confirmatory result by anyone is not allowed.</p>	<p>allowed to access the result of his/her counselee;</p> <ol style="list-style-type: none"> 2. The counselor, after verifying the name of the client and reviewing the result, shall return the document to its exact envelope and re-seal without a trace or tampering; 3. Except for the client, no other person, including other PEs will know about the result, unless the client discloses it to others. <p>The issues will be further discussed during the Convention of HIV Counselors.</p>	
	<p>CD4 count machine and re-agents</p> <ol style="list-style-type: none"> 1. Unreliable results were generated from the rejected testing kits. The med tech reported having a total of 30 reject slides out of 200 received free from the supplier. 2. Because of the limited slides, only the indigent clients were served in the facility. Stock-out of re-agent is expected in the next quarter. 	<p>The issue was raised to Dr. Elizabeth Telan and Ms. Susan Llano of SACCL (the national HIV reference laboratory) who personally discussed the issue with the supplier. The supplier was asked to replace the CD4 machine and the rejected re-agents.</p> <p>During the CMT meeting, the CMC shared the possibility of Pilipinas Shell Foundation procuring CD4 testing kits for Klinika Bernardo. The QCHD has also requested for additional budget for procurement.</p> <p>Clients who can pay out-of-pocket for the CD4 count are now referred to RITM.</p>	
	<p>Some clients in Klinika Novaliches complained that the medical technologist assigned in the clinic is not very skilled in performing blood extractions for HIV testing and could possibly discourage others from accessing the service.</p>	<p>The concern was already brought to the attention of the CHO and the STI/HIV and AIDS Coordinator.</p> <p>Med-tech to be sent to a refresher training to enhance competencies in venous blood</p>	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		draw/phlebotomy.	
Others	Three (3) PEs were not able to complete the training of facility-based peer educators on Motiv8 due to lack of practicum or participation in the integration session. One of these PEs is assigned to Klinika Novaliches.	<p>The CHO requested the concerned PEs to submit a letter of explanation stating the reason for not being able to complete the training. They were also scheduled for practicum to complete their training.</p> <p>With regard the PE of Klinika Novaliches, the physician already talked to her and reminded her of her duties in the clinic, as per agreement in the contract, and its implication for performance evaluations, which is the basis for contract renewal.</p>	
	Peer Educators of Klinika Novaliches reported difficulty in recruiting clients in the nearby communities. They believed they have already saturated the area. The PEs tried to conduct outreach activities in farther areas. However, the recruitment of prospective clients in the area required transportation support.	<p>The PEs were informed that they could access funding allotted to MSM interest groups if used for the round trip minimum fare of clients going to the facility.</p> <p>The PEs were also provided phone cards to use for establishing and sustaining communication with new contacts they met during outreach activities.</p>	
	<p>Bernardo Buddies</p> <p>The issue was raised during the Bernardo Buddies orientation in the CHANGE office that having a “ghost buddy” who communicates and responds to clients’ queries might potentially be questioned.</p>	ROMP recommended to review the legal implications of this particular component and revise if necessary prior to implementation and launch on April 24 at O-bar.	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<p>This is due to issues of Grindr contacts exposing their sexual practices and serostatus to a third person without their consent, and having no knowledge of whom they are really talking to.</p> <p>The same issue was raised with regard to the use of a single Grindr account, where other persons might be able to read conversations with other clients. This issue was not clarified in writing and considerations not yet thoroughly discussed with implementing partners.</p>		

For the PWID component, the following are implementation issues:

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
Management concerns	Absenteeism and violation of SOPs inside the facility by PEs.	<p>Concerns discussed in the project staff meeting and discussed with the SHC physician.</p> <p>Two PEs were terminated and replacements identified from among the reserved pool, who were already trained on Motiv8.</p>	

Others

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
Management concerns	Budget utilization (“burn rate”) lower than planned.	<p>Concern discussed with the FHI360 APRO and PNGOC.</p> <p>Remaining project activities were reviewed including the corresponding budgets.</p> <p>A monthly spending plan was prepared and discussed with USAID AOR to serve as the basis for monitoring monthly expenditures and determine the amount of unspent funds to be reprogrammed to support new/added activities identified in the ROMP PIR/A report.</p>	

G. Financial Reports

H. Communication and Outreach

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
Development of PWID IEC Materials in collaboration with CHANGE Project	The Projects were able to deliver materials that are PWID-specific:	3,000 pieces produced and almost half were distributed during World AIDS Day for the Tri-City area. Around 1,500 had been distributed to PWIDs with other PWIDs in the community expected to be reached by the messages.
	1. T-shirt	
	2. Calendar	2,000 pieces produced and already distributed during the quarter. An estimated 6,000 people will be reached by the messages.
	3. Stickers for Syringes	600,000 pieces of “stickers for syringes” were produced and 100,000 pieces of

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
		syringes have already been stickered. All PWID reached by the project received syringes with stickers.
	4. Pouches	180 pouches received and all distributed to PLHIV PWID used as ART containers.
	5. Wall Stickers	300,000 pieces of wall stickers produced and half already posted in areas frequented by PWIDs.
	6. Frames	The three Social Hygiene Clinics posted frames with PWID messages. Aside from PWID, there were MSMs, RSW, and general population accessing SHC and estimated to have the read the messages in the frame.
	7. Mirrors	17 mirrors installed at designated motels, 10 in Cebu, 5 in Mandaue and 2 in Lapu-Lapu. Clients of motels can read the messages because mirrors are installed in the public toilet of the motel.
	8. Condom/Lubricant Dispensers	Condoms and lubricants also have stickers with messages; 17 dispensers scattered at the 3 cities; same with mirrors. Clients of motels obtained free condoms and lubricants with stickers
	9. Graffiti Walls	10 Graffiti Walls painted along the streets, corners, shooting galleries and standby areas of PWID. Seven in Cebu, 2 in Mandaue, and 1 in Lapu-Lapu. An estimated 1,000 PWID and non-PWID pass by the graffiti wall everyday.

I. Dissemination and Bridging Activities with the GF NFM HIV Project

Given the lower-than-planned budget expenditure rate for the ROMP Project, it is anticipated that some amount will remain unspent at the end of the project. These projected remaining unspent funds will be reallocated to support dissemination of ROMP interventions ahead of the project close-out.

ROMP intervention models were piloted with the aim of providing the DOH-NASPCP new approaches to respond to HIV programming challenges that could be replicated in other cities with similar HIV situations. The incoming Global Fund-New Funding Model (GF-NFM) HIV project slated to start implementation in June 2015 is seen to benefit from the ROMP project experience and products, and could serve as the platform for replication of ROMP interventions. This new, three-year project will target implementation of MSM and/or PWID interventions in a total of 16 selected cities (including the 4 ROMP project cities).

Taking off from the recommendations of the ROMP PIRA, the DOH-NASPCP identified key activities (consistent with the descriptions included in the approved GF concept note), which will be bridged to the incoming GF-NFM HIV Project, helping prepare the target cities before the actual start-up. These include the following:

- **Counseling Training.** MSM and PWID peer educators will be trained in Motiv8 (2nd level training on motivational interviewing/communication skills and techniques) to help clients identify their own internal reasons or motivations for changing their behaviors, assisting them to prepare behavioral change plans (health seeking, preventive, or treatment); and following-up execution of these plans.
- **Case Management Approach.** Introduction of a cohort approach to management of HIV positive clients, individually following-up each client through the HIV services cascade with follow through of referrals and their outcomes. Case Management Coordinators will be designated and trained to support the operationalization of a Case Management Team and establishing referral linkages with the Service Delivery Network for PLHIVs.
- **Database Management.** Introduction of the standardized Individual Client Record (ICR) for MSM and PWID, HIV-positive matrix, database software, training of CMCs on data encoding, and simple data analysis and generation of indicators/HIV cascade data.

ROMP will collaborate with the DOH-NASPCP through the GF-TFM Project and Save the Children (PR of the GF NFM HIV Project) on consultation and planning meetings with the GF NFM project cities. Agendas for these meetings will include:

- Updates for CHOs and SHCs on the status of the Global Fund Project (TFM and NFM)
- NFM Strategies
- Capacity Assessment and Scoping
- Overview of ROMP project models and bridging activities for GF-NFM cities

The proposed schedule for these consultations with participating cities are as follows:

Visayas Group: May 15, 2015	Luzon Group: May 26, 2015
1. Cebu City	1. Manila
2. Mandaue City	2. Makati

3. Lapu-Lapu City	3.Pasay
4. Talisay City	4. Marikina
5. Danao City	5. Pasig
6. Toledo City	6. Caloocan
	7. Bacoor
	8. Angeles

ROMP will closely monitor its monthly expenditures to determine the amount of unspent funding, which then will be used to fund implementation of selected activities. The following are proposed schedules for training activities, pending approval of target cities in the scheduled consultation and planning meetings mentioned above:

Proposed dates	Training Activity
June 3-5	Basic PE (PWID) Training for Toledo and Talisay
June 15-19	Motiv8 PE (PWID) Training for Toledo, Talisay and Danao
June 20-26	TOT Motiv8 PE (MSM) Training for Manila, Makati and Pasay
June 29-July 3	CMC (PWID) Training
July 13-17	Motiv8 PE (MSM) Training for Cebu
July 20-24	CMC (MSM) Training
July 27-31	Motiv8 PE (MSM) Training for Mandaue and Danao
August 3-7	Motiv8 PE (MSM) Training for Marikina, Caloocan, and Pasig
August 10-14	Motiv8 PE (MSM) Training for Bacoor and Angeles

ROMP will aim to train at a minimum three PEs for each identified city. GF-NFM is expected to cover the costs of additional trainings for the remaining PEs.