

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

Quarterly Report (Year 3 – Q3)

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Acronyms

AIP	Annual Implementation Plan
AMTP	AIDS Medium Term Plan
ART	Antiretroviral Treatment
BCP	Big Cities Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CHO	City Health Office
CMC	Case Management Coordinator
CMT	Case Management Team
CPS	Comprehensive Package of Services
DO	Development Objective
DOH	Department of Health
DOH EB	Department of Health Epidemiology Bureau
DOH RO 7	Department of Health Regional Office 7
FB-PE	Facility-Based Peer Educator
FHI 360	Family Health International 360
FHI 360 APRO	Family Health International 360 Asia Pacific Regional Office
FHI 360 HQ	Family Health International 360 Headquarters
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GF-TFM	Global Fund -Transitional Funding Mechanism (current round ending in September 2015)
GF-NFM	Global Fund – New Funding Model (incoming round due to start in October 2015)
HCT	HIV Counseling and Testing
HHRDB	Health Human Resource Development Bureau
ICR	Individual Client Record
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
IR	Intermediate Result
HCT	HIV Counseling and Testing
KCCC	Kamagayan Comprehensive Care Center
LGU	Local Government Unit
Motiv8	Motivational Interviewing conducted by Facility-Based Peer Educators
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MSM	Males having Sex With Males
MSRH	Male Sexual and Reproductive Health
NCR	National Capital Region
NEC	National Epidemiology Center
NSP	Needle Syringe Program
PBSP	Philippine Business for Social Progress
PDR	Peer Driven Recruitment

PLHIV	Persons Living with HIV
PMP	Performance Management Plan
PNGOC	Philippine NGO Council on Population, Health and Welfare
PR	Peer Recruiter
PWID	People Who Inject Drugs
Q	Quarter
QCHD	Quezon City Health Department
RITM	Research Institute for Tropical Medicine
ROMP	Reaching Out to Most-at-Risk Populations
SDN	Service Delivery Network
SHC	Social Hygiene Clinic
SIO	Site Implementation Officer
SMS	Short Message Sending
SOP	Standard Operating Procedure
SOW	Scope of Work
TG	Transgender
ToT	Training of Trainers
TXTBro	MSM Text Messaging Service
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VSMMC	Vicente Sotto Memorial Medical Center
WAD	World AIDS Day
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 3 (Y2Q3) of the “HIV/AIDS Prevention in the Philippines: Reaching Out to Most-at-Risk Populations (ROMP)” Project, corresponding to the first quarter of Phase IV (Documentation and Transition) of the ROMP Project Framework.

During this quarter, for the MSM component, 229 MSMs were reached with motivational interviewing, were tested for HIV, and got to know their test results. This brings the cumulative total to 1,014 MSMs reached, tested and knew their test results since recruitment started, exceeding the target (800) by 27 percentage points. 127 of the 1,014 MSMs tested were HIV-positive bringing the positivity rate to 13% (the 2013 HIV prevalence for MSM in Quezon City is around 7%). For this quarter, 3 clients were assessed to be Antiretroviral Treatment (ART) eligible, and a total of 10 persons living with HIV (PLHIVs) were initiated on treatment. This includes eligible clients from the previous quarter who were only able to initiate ART during the reporting period. All eligible PLHIVs identified by ROMP were initiated on ART. TXTBro (MSM text messaging service) was also made operational and served as adjunct to case management. For Y3Q3, a total of 782 MSMs were provided with tailored messages/reminders.

For the PWID component, 125 PWIDS were reached with motivational interviewing and got tested for HIV. This brings the total number of PWIDs reached to 1,390 which is 21 percent higher than the 1,152 target. 1,169 (84%) of the 1,390 PWIDs reached got their test results. The HIV positivity rate ranged from 15-35% (Mean=26%). 75 (65%) of PWID PLHIVs were started ART, of whom, 42 (56%) are adhering to treatment. This is a significant improvement compared to the situation at the start of the project where only four PWID PLHIVs availed of ART and no one adhered to treatment. During this quarter, the number of PWIDs who did not share needles during their last injection increased to 89% percent compared to 79% in Y3Q2, but also lower than 91% reported in Y3Q1. Non-sharing of needles/syringes had largely been affected by the availability of and free distribution of these commodities in the project sites. Distribution had been irregular and discontinued on several occasions in the Kamagayan Comprehensive Care Center(KCCC- the DOH research operations site for needle syringe distribution) because of continuing objections posed by some Cebu City legislators, the media, and other stakeholders.

With recruitment goals already achieved for both MSM and PWID components and the growing number of PLHIVs identified in the project sites, peer educators during this quarter provided more time on supporting case management of HIV-positive clients by conducting home or community follow-up visits, helping to complete their pre-ART work-up so that they can initiate treatment when eligible.

Activities to disseminate project outputs were also initiated during this quarter. These includes the following:

- FHI360 APRO assisted the ROMP Project to start developing “technical briefs” that will support replication of successful ROMP models. These are 4-6 page articles (to be completed in Y3Q4) documenting key components of the ROMP project that, based on results of the recent external project evaluation, could be considered successful models for replication. The intended audience for these briefs will be City Health Officers and other local government unit officials in other cities interested in strengthening HIV prevention for key populations within their localities.
- In consultation with USAID, the ROMP Project responded to the request of DOH-NASPCP to build capacity and rollout selected interventions to identified cities prior to project closeout to ensure that the CPS models would be scaled up. PWID PEs from Danao and Talisay and MSM PEs from Makati, Marikina and Pasig were trained on motivational interviewing (Motiv8 counseling). Designated CMCs from the cities of Danao, Talisay and Toledo were also trained on case management activities including database management.

To estimate the investments needed to operationalize the CPS models in the LGU context, FHI360 Headquarters (FHI 360 HQ) assisted the ROMP Project to develop excel-based cost estimators for both the MSM and PWID components. These tools will be useful for the project sites to estimate funding needed for the continued implementation of the interventions in the succeeding years and also for new cities to estimate investments needed to replicate these interventions in their localities. These costing tools (expected to be completed in Y3Q4) will have accompanying Users Guide and YouTube demonstration videos for easy reference.

In the last quarter of the project implementation, ROMP will convene a Transition and Sustainability Planning Workshop to discuss PWID and MSM HIV interventions developed with ROMP assistance as outlined in the LGU issuances for PWID interventions in the City Health Office/Social Hygiene Clinics (previously drafted in Q2 and currently routing for approval in Cebu tri-city) and the draft amended HIV Ordinance in Quezon City, cost these interventions using the tools developed by the project and identify funding sources and mechanisms (from the LGUs, national and regional DOH, and other partners) to sustain these interventions as part of the broader HIV program of the partner cities. ROMP will also complete implementation of dissemination activities, including bridging capacity building trainings in other expansion cities identified under the incoming Global Fund–New Funding Model (GF-NFM) HIV Project.

As of the end of the quarter, the ROMP Project incurred an expenditure rate of 75.51 percent.

A. Situation

The Philippine Department of Health (DOH) has identified the need to expand coverage and strengthen effectiveness of HIV prevention, treatment, care and support activities targeting men who have sex with men (MSM) and people who inject drugs (PWID), to address the loss of clients along the HIV prevention-to-care continuum and to provide health and non-health needs of people living with HIV (PLHIV). In response, the United States Agency for International Development (USAID) is providing assistance to the DOH and local government units (LGUs) in developing and testing comprehensive package of 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 report, prepared by Family Health International (FHI) 360 and its sub-awardee, the Philippine NGO Council on Population, Health, and Welfare (PNGOC), covers Year 3 – Quarter 3 (Y3Q3) of the ROMP Project, corresponding to the first quarter of Phase IV (Documentation and Transition) of the ROMP Project Framework. The report is submitted 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 Cebu Province

A program implementation review and assessment (PIRA) of the ROMP Project conducted in March 2015 identified specific components of the CPS models that were successful, sustainable and should be promoted for implementation in other LGUs where applicable. These includes:

- Motivational interviewing through the conduct of Motiv8 counseling sessions
- Case management cohort approach, particularly for HIV-positive clients
- Database management

C. Accomplishments

Salient accomplishments in Y3Q3 are as follows (details are in corresponding topics in *Section E: Milestones, Key Tasks and Activities*):

For the MSM Component:

1. HIV/AIDS service delivery for MSM

- 229 MSMs were reached with motivational interviewing, were tested for HIV, and obtained their test results. This brings to 1,014 MSMs reached since recruitment start which exceeds the target (800) by 27 percentage points.
- 127 of the 1,014 MSMs tested were HIV-positive bringing the positivity rate to 13%. The 2013 HIV prevalence for MSM in Quezon City is around 7%.

2. Improving Supply of HIV/AIDS Services for MSM

- 10 facility-based peer educators (FB-PEs) from Klinika Bernardo and Klinika Novaliches were continuously being mentored on motivational interviewing. 12 staff from different LGUs, including those from Quezon City, are being developed to become MSM Motiv8 trainers.
- The MSM messaging service, TXTBro, was operational and serves as adjunct to case management. As in Klinika Bernardo, the service was provided to Klinika Novaliches clients. For the quarter, 782 MSMs were provided tailored messages/reminders. There were 71 MSMs who got in touch with the clinic through TXTBro.
- The Klinika Novaliches CMC was mentored on the ICR, the database, encoding and simple data analysis.

3. Strengthening Demand for HIV-AIDS Services

- In partnership with the Communication for Health Advancement through Networking and Governance Enhancement (CHANGE) Project, the first event-based activity was conducted, launched the Bernardo Buddies, which resulted to 266 MSMs signing up online and replied to for their scheduled visit to Klinika Bernardo.

4. Improving HIV/AIDS Policies and Systems

- The updated *Operations Guide for the HIV-AIDS Case Management Committee and Case Management Team* and the *Operational Guidelines of the SDN for PLHIV in Quezon City*, were technically approved and accepted by the QCHO.
- To institutionalize the ROMP interventions, these were included in the pertinent city ordinance that is currently being amended.

For the PWID Component:

1. HIV/AIDS service delivery for PWID

- 125 PWIDS were reached with motivational interviewing and got tested for HIV. This brings the total number of PWIDs reached to 1,390 which is 21 percent higher than the 1,152 target. 1,169 (84%) of the 1,390 PWIDs reached got their test results.

2. Improving Supply of HIV-AIDS Services for PWID

- 15 community orientations or PWID parties were conducted, 13 in Lapu-Lapu City and 2 in Mandaue City. The parties contributed 71 new PWID recruits.
- 16 Tri-City service providers completed the Caring for Carers Training
- 19 participants from the cities of Danao, Talisay and Toledo completed the Basic PWID and MSM Peer Educators Training --- six were PWID PEs and 13 were MSM PEs.

- 15 LGU staff from the cities of Danao, Talisay and Toledo (one participant was a Cebu City PE) completed the Motiv8 training for PWID PEs.
- 7 participants from the cities of Danao, Talisay and Toledo (one from DOH CHD 7) completed the training on Case Management for Case Management Coordinators
- The CMT meetings focused on follow-up home/community visits to facilitate completion of needed laboratory work-up and initiate ART when the client is eligible.

3. Improving HIV/AIDS Policies and Systems

- Issuances to guide city health workers in the provision of standard package of services to PWIDs are in various stages of approval in the Tri-City LGUs.

In the Documentation and Transition Phase of the ROMP Project, it is envisaged to document models, approaches, processes, findings and standards and compiling these into guidance compendia for easy reference. The models will then be indorsed to DOH for adoption. However, after the ROMP Project implementation review and assessment (PIRA) conducted in March 2015, DOH-NASPCP already identified specific components of the CPS models that were deemed successful, sustainable and should be promoted for implementation in other LGUs where applicable. These includes:

- Motivational interviewing through the conduct of Motiv8 counseling sessions
- Case management cohort approach, particularly for HIV-positive clients
- Database management

The DOH-NASPCP then requested the ROMP Project to use the remaining project life to build capacity of selected Category A cities and one Category B¹ city to adopt and replicate the CPS models. The expansion cities included Angeles, Caloocan, Manila, Makati, Marikina, Pasay, Pasig, Cebu, Danao, Mandaue, Talisay and Toledo for MSM intervention programming and Danao, Talisay and Toledo for PWID intervention programming.

In consultation with USAID, the ROMP Project responded to the request of NASPCP-DOH to build capacity and rollout the interventions to the selected cities prior to project closeout to ensure that the CPS models would be scaled up. The rollout was also critical to test the utility and acceptability of the operational guides/manuals. The schedule of capacity building activities is discussed under the section Dissemination of Project Outputs.

To capacitate the sites to implement the components of the CPS models, the following trainings were conducted in Y3Q3:

- PWID Basic peer educators training for Talisay and Toledo where 19 LGU staff participated
- PWID Motiv8 peer educators training for Danao, Talisay and Toledo where 15 LGU staff participated
- MSM Motiv8 peer educators training for Makati, Marikina and Pasig where 19 LGU staff participated

¹ Category A areas have the highest number of HIV cases, the fastest HIV transmission due to continued practice of multiple high risk behaviors and the greatest risk for spreading the infection to other areas in the Philippines because of the urbanization of these areas.

Category B areas have been reporting a steady increase in number of newly diagnosed HIV cases compared to previous years. HIV prevalence is still low. However, these areas are adjacent, in close proximity to or have direct transport routes to Category A areas.

- PWID case management coordinators training on case management for Danao, Talisay, Toledo where 7 LGU staff participated

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 Y3Q3:

Table 1. ROMP Project-MSM component accomplishments by indicator, Quezon City, Oct. 1, 2013 – Jun 30, 2015

Project Component/ Performance Indicators*	Baseline Value (source, year)	End-of- Project Target	Y1-2 Accomplish ment	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	229		1,014 (127%)	Target exceeded by 214.
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	229		1,014 (127%)	Target exceeded by 214.
HIV 6: P9.4.N: Percentage of men reporting the use of a condom the last time they	24% (IHBSS, 2011)	50%	50/95 x 100 = 53%	8/32 x 100 = 25%	25/70 x 100=36%	34/93 x 100= 37%		117/290 x 100 = 40%	The numerator is the number of MSM recruited who reported during their

had sex with a male partner increased from 24% in FY 11 to 50% in FY 15 in Quezon City									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%	$\frac{9}{14} \times 100 = 64\%$	$\frac{6}{35} \times 100 = 17\%$	$\frac{16}{71} \times 100 = 23\%$	$\frac{12}{83} \times 100 = 14\%$		$\frac{43}{203} \times 100 = 21\%$	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	5 FB-PE 2 CMC	5 FB-PE 2 CMC		5 FB-PE 2 CMC	Note: Although trained, the CMCs and FB PEs will not be overseeing PDR anymore since this has already been discontinued. In addition, 1 CMC and 5 FB-PE were trained in Klinika Novaliches
HIV 11: CPS model framework and operational guidelines compendium for PDR, facility-based motivational approaches and messaging service developed	0 (2012)	1 Framework and 1 Compendium	1 Framework and 0 Compendium	1 Framework and 0 Compendium	1 Framework and 0 Compendium	1 Framework and 0 Compendium		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					5 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 and CMCs implementing MSM interventions following	0 (2012)	3 FB-PE 1 CMC	3 FB-PE 2 CMC	3 FB-PE 2 CMC	5 FB-PE 2 CMC	5 FB-PE 2 CMC		5 FB-PE 2 CMC	In addition, 1 CMC and 5 FB-PE are implementing MSM interventions in

MSM CPS operational guidelines									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		1	
HIV 16: Number of modules/guides developed for PDR, facility-based motivational approaches, and messaging service	0 (2013)	3 (PDR, Motiv8 and TXTBro)	7					7	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	25		25 M: 21 F: 4	As part of the bridging efforts for CPS interventions to incoming Global Fund sites (Marikina, Makati, Pasig, Danao, Toledo and Talisay), the project trained 32 LGU staff (3 are female) on Basic HIV/AIDS and Motiv8
1.3.2. The demand of essential HIV/AIDS services strengthened									
HIV 19: C1.1.D: Number of eligible adults and children provided with a minimum of one care service	0 (2012)	88	33	46	63	42		184 (209%)	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	0 (2013)	1,000	303	212	352	236		1,103 (110%)	Target exceeded by 103.

intervention approaches 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		0	Indicator target to be completed in Y3Q4.
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 Y3Q4.
HIV 24: Number of MSM HIV-positive clients referred and managed for all or any of the following: pre-ART lab work-up, lab monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions, drug rehab and/or non-health concerns (such as referral to support groups, other psychosocial concerns and others)	0 (2012)	34	8	16	30	16		70 (206%)	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 Y3Q3:

Table 2. ROMP Project-PWID component accomplishments by indicator. Cebu Tri-City. Oct 1, 2013 – Jun 30, 2015.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplis hment	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	622 M (M): 579 F (F): 43	383 M: 352 F: 31	260 M: 247 F: 13	125 M: 118 F: 7		1,390 (121%) M: 1,296 F: 94	Target exceeded by 238.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplis hment	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	520 M: 481 F: 39	340 M: 309 F: 31	211 M: 199 F: 12	98 M: 92 F: 6		1,169 (101%) M: 1,081 F: 88	Target exceeded by 17.
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%	44/56x100= 79%	48/54x100= 89%		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%	63/207x 100 = 30%	21/52 x 100= 40%	20/44 x 100= 45%	12/22x100= 55%		116/303 x 100= 38%	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 3 CMC M: 1 F: 2	Note: Although trained, the CMCs and FB PEs of Mandaue and Lapu-Lapu will not be overseeing PDR anymore since this has already been discontinued. Likewise, TXTBai (the messaging service for			

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplish ment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
management and facilitate HIV-positive support group sessions									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 Compendium	1 Framework and 0 Compendium	1 Framework and 0 Compendium	1 Framework and 0 Compendium		1 Framework and 0 Compendium	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 Y2.
HIV 14: Number of FB-PEs and CMCs implementing PWID interventions following PWID CPS operational guidelines	0 (2012)	9 FB-PE M: 6 F: 3 3 CMC M: 3	9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2		9 FB-PE M: 9 F: 0 3 CMC M: 1 F: 2				
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	0		1 (Cebu City halted NSP as ordered by DOH)	Despite no incidence of stock-outs during the quarter, needle-syringe distribution was halted periodically because of legal issues. Mandaue CHO has reservations about

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplis hment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
									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 received post-training/post-orientation mentoring and coaching	38 (2013)	23 M: 11 F: 12	0	15 M: 10 F: 5	1 M: 0 F: 1	0		16 M: 10 F: 6	32 new individuals were mentored during Y3. As part of the bridging efforts for CPS interventions to incoming Global Fund sites (Danao, Toledo and Talisay), the project trained 22 LGU staff (5 are female) on Basic HIV/AIDS, Motiv8 and case management
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	222 M: 203 F: 19	55 M: 47 F: 8	52 M: 51 F: 1	22 M: 21 F: 1		351 (53%) M: 322 F: 29	Difference from end of project target: 275

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplis hment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
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	129 M: 122 F: 7		1,439 (100%) M: 1,341 F: 98	Difference from end of project target: 1
1.3.3 HIV/AIDS program policies and systems improved									
HIV 22: AO by the DOH to local governments endorsing adoption of CPS models for PWID drafted	0 (2012)	1	0	0	0	0		0	Indicator target to be completed in Y3Q4.
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		0	Note: PDR to be excluded in the policy issuance. Indicator target to be completed in Y3Q4.
HIV 24: Number of PWID	0 (2012)	236	136 M: 121	44 M: 37	49 M: 48	16 M: 15		245 (104%) M: 221	Target exceeded by 9.

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target	Y1-2 Accomplis hment	Year 3 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
HIV-positive clients referred and managed for all or any of the following: pre-ART laboratory work-up, laboratory monitoring while on ART, TB screening, treatment of opportunistic infections, other medical conditions, drug rehabilitation and/or non-health concerns (such as referral to support groups, other psychosocial concerns and others)			F: 15	F: 7	F: 1	F: 1		F: 24	

D. Reasons for Variances in the Performance

Recruitment targets for both MSM and PWID CPS model testing were already reached. For the PWID component, the over-recruitment in Cebu City compensated for the recruitment deficit in Lapu-Lapu City (Table 3).

Table 3. Client recruitment per project site, ROMP Project, Oct 1, 2013 – Jun 30, 2015.

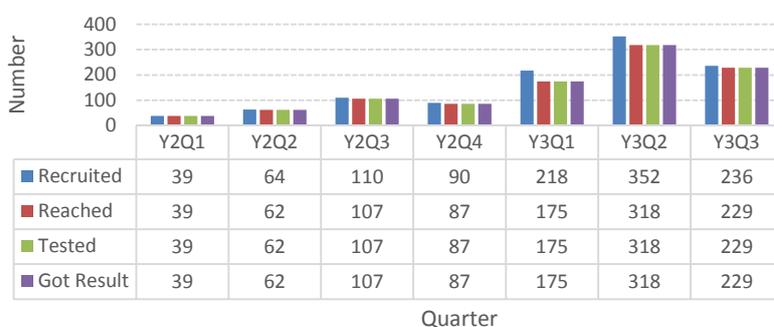
MARP	City	LOP Target	Clients recruited	% Accomplished
MSM	Quezon	1,000	1,109	110
PWID	Cebu	720	769	107
	Lapu-Lapu	340	289	85
	Mandaue	380	382	100

There may not be that many PWIDs in Lapu-Lapu City, as targeted, since about half of the recorded ROMP clients were from the neighboring municipality of Cordova. The PWID population estimate done by the Epidemiology Bureau (EB) of the DOH in 2012 pegged the upper limit for PWIDs in Lapu-Lapu City at 100.² The DOH-EB offered to assist the city in validating the estimated PWID population and is awaiting concurrence of the Lapu-Lapu City Health Officer.

D.1. MSM in Quezon City

Client recruitment during this period slowed down compared to the previous quarter. In Y3Q3, the ROMP Project recruited 236 MSMs compared to 352 MSMs in Y3Q2 (Figure 1).

Fig 1. Accomplishments for MSM component by quarter. Quezon City. Oct 1, 2013 - Jun 30, 2015.



With the growing number of identified HIV positive clients, peer educators focused their attention on supporting case management of HIV-positive clients, completing their pre-ART work-up so that they can initiate treatment when eligible. During this quarter, ROMP expected additional clients to be generated from the event-based and/or online strategies developed with

the CHANGE Project. However, this did not materialize because implementation was temporarily put on hold pending clarification of directions from the QCHD. Implementation of CHANGE supported activities will be resumed at the start of Y3Q4.

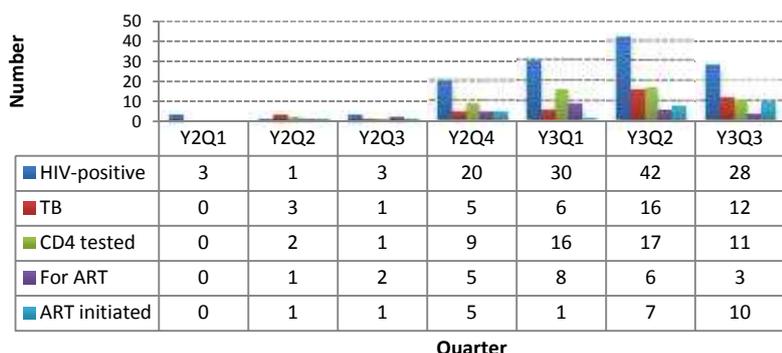
Klinika Novaliches contributed 95 MSM clients for this quarter (42% percent of tested and got their results). The limited and irregular clinic schedule of the physician, however, is a continuing concern which may have affected client visit and retention.

² NEC-DOH. *Philippine Priority Areas for HIV Intervention*. March 5, 2012.

At the end of this quarter, the gap between the number recruited and those submitting to HIV testing has narrowed from a high 20% in Y3Q1 to only 3% in Y3Q3. All those who are tested got their test results.

There were 127 HIV-positive MSMs detected from the 1,014 tested since the start of the project, demonstrating a positivity rate of 13%. Only 34% and 44% were screened for TB and had CD4 testing, respectively (Figure 2).

Fig 2. Number of HIV-positive MSM tested for CD4, TB and initiated on ART by quarter. Quezon City. Oct 1, 2013 - Jun 30, 2015.



The low pre-ART workup could have delayed access of eligible MSM PLHIVs to life-saving medicines. When in Y3Q2, the concern was the unreliable results generated by the city using its CD4 machine, in Y3Q3, no CD4 testing in the QCHD was done because of unavailability of reagents.

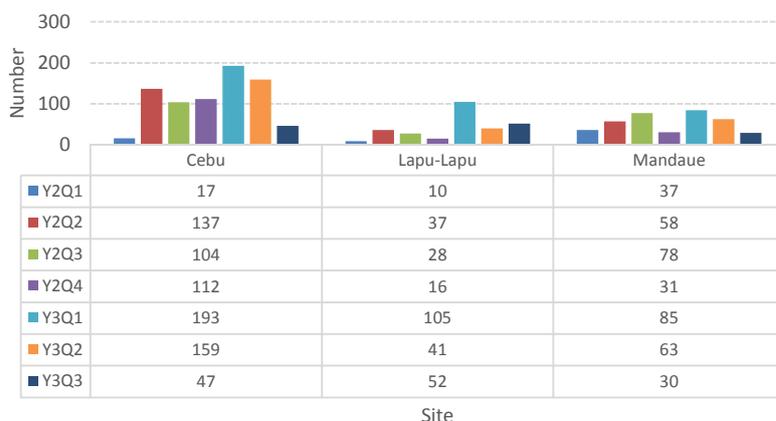
Symptomatic screening for TB is routinely done for PLHIVs, however the chest x-ray part of the TB screening among PLHIVs

were missed because of the related costs to the client. Discussion and recommendation for this is in Section H (Major Implementation Issues).

In Y3Q3, 3 clients were eligible for ART and a total of 10 PLHIVs were initiated on treatment. This includes eligible clients from the previous quarter who were only able to initiate ART during the reporting period. All PLHIVs identified by ROMP who are eligible for ART where initiated on ART.

D.2. PWID in the Cebu Tri-City

Fig 3. PWID recruited by quarter by site. Cebu Tri-City. Oct 1, 2013 - Jun 30, 2015.



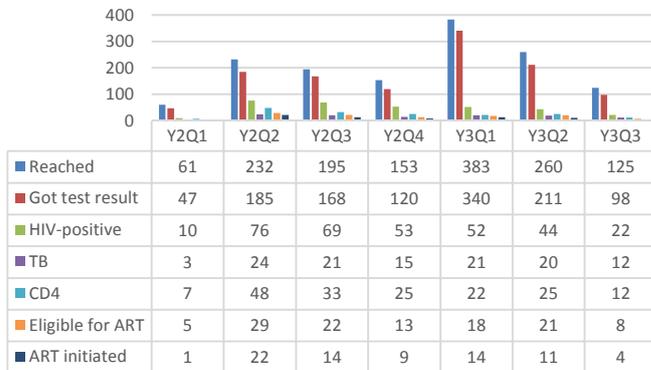
From October 1, 2013 to June 30, 2015, ROMP was able to recruit 769, 289 and 382 PWIDs from the cities of Cebu, Lapu-Lapu and Mandaue for a total of 1,440 (Figure 3). Lapu-Lapu City continued active client recruitment by conducting PWID parties as the targeted number of clients has yet to be reached. In the cities of Cebu and Mandaue, recruitment slowed down as peer educator's efforts were

directed towards improving case management, particularly TB screening, CD4 testing and when eligible, ART initiation. Client recruitment was also affected by the temporary stop in needle/syringe

distribution in the Kamagayan Comprehensive Care Center (KCCC) as per instructions received from the DOH.

Figure 4 shows that around 85% of PWIDs who got tested for HIV got their test result (cumulative since start of the project). The HIV positivity rate ranged from 15-35% (Mean=26%). This is lower compared to the IHBSS derived HIV prevalence of around 50%.

Fig. 4. Accomplishments for PWID component by quarter. Cebu Tri-City. Oct 1, 2013 - Jun 30, 2015



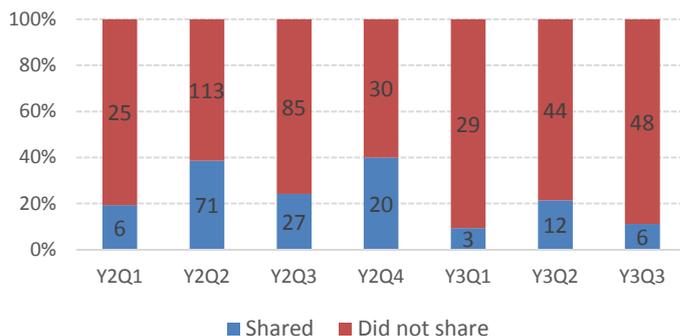
CD4 testing uptake was projected to increase in Y3Q3 as Cebu City has acquired a CD4 machine and a medical technologist has already been trained to operate it. The unavailability of test cartridges during this quarter, however, resulted to many HIV-positive PWIDs not tested to determine their eligibility for ART. For TB screening, the TB component of GFATM will continue to support

payment for chest x-rays of PWID PLHIVs in selected private laboratories per ROMP-negotiated assistance.

75 (65%) of eligible PWID PLHIVs started ART, of whom, 42 (56%) are adhering to treatment. This is a significant improvement when compared to the situation at the start of the project where only four PWID PLHIVs availed of ART and no one adhered to treatment.

During this quarter, the number of PWIDs who did not share needles during their last injection had increased to 89% percent compared to 79% from Y3Q2 figures, but also lower than 91% already reported in Y3Q1. Non-sharing of needles had largely been affected by the availability of free

Fig 5. Needle-sharing among PWID during last injection. Cebu Tri-City. Oct 1, 2013 - Jun 30,, 2015.



distribution of these commodities in the project sites. Distribution had been discontinued on several occasions in the KCCC because of continuing objections posed by some Cebu City legislators, the media, and other stakeholders. PWIDs also continue to have 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 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.

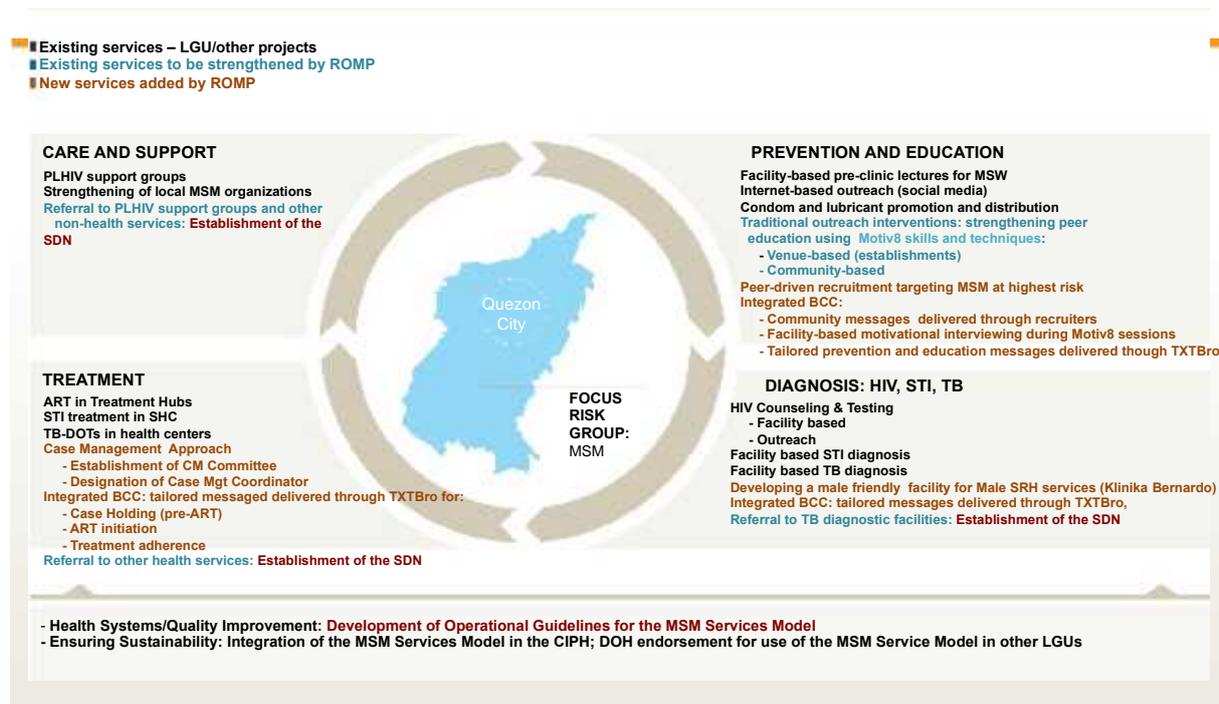
E. Milestones, Key Tasks, and Activities

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 Y3Q3 as well as the planned activities for Y3Q4 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. Prevention and Education

Y3Q3 Activities:

Activity 1.1.1.1. Client recruitment and referral to Klinika Bernardo

The 236 MSM clients recruited during the quarter were walk-ins and referrals by LGU and Global Fund peer educators. Because of implementation delays in the CHANGE project, the expected additional clients in Y3Q3 recruited online/via social networking sites did not happen.

Sub-activity 1.1.1.1.1. Collaboration with the CHANGE Project

On April 24, 2015, the Bernardo Buddies³ and the sign up webpage (www.bernardobuddies.com) were introduced in a special event in Bed Bar to promote free and confidential HIV testing and other sexual health services available in Klinika Bernardo among MSMs particularly those who are not reached by peer educators, those who are discreet, hard-to-find, closeted and those who are ambivalent about knowing their HIV status. The event resulted to 266 MSMs signing up online and replied to for their scheduled visit to Klinika Bernardo.

This venue-based promotion was followed by a second event held at Polari Bar and Comedy Club where the event hosts talked about the HIV situation in the country, encouraged MSMs online especially those on Grindr to talk about knowing their HIV status, submit themselves for HIV testing and access other services offered at Klinika Bernardo. The event was also used as a venue to demonstrate proper condom and lubricant use.

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. A Facilitators’ Module was developed by the ROMP Project, presented to the Quezon City Health Department, was approved and used during the training of 28 peer educators and select SDN on facilitating the LGS meetings held from April 6-8, 2015.

The conduct of the Interest Group Meetings, however, was deferred. In lieu, ROMP prioritized the conduct of Motiv8 Training of Trainers *“Sharpening Trainers’ Skills in Conducting Motiv8 Modules” on June 21-22, 2015 held at Ciudad Christia Resort*. With the project due for completion soon, it was felt that an additional pool of trainers is needed to support the conduct of Motiv8 MSM PE training in expansion sites identified by the DOH.

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

With the expected completion of the ROMP Project in September 2015, all Motiv8 training for Quezon City, the USG-assisted site for the ROMP Project has already been completed. However, in response to the request of NASPCP-DOH to build capacity and roll-out selected interventions (includes Motiv8 training) to the incoming Global Fund-New Funding Model (GF-NFM) Project sites, ROMP conducted the TOT Motiv8 training for facility-based peer educators (FB-PEs) from the cities of Makati, Marikina and Pasig where 19 LGU staff participated. Beyond this training, the FB-PEs will be recruited and engaged by the incoming GF-NFM Project to support implementation of HIV interventions. The ROMP training team was supported by two (2) Quezon City Health Department (QCHD) Peer Educators and one (1) Global Fund Site Implementation Officer who previously completed the Training of Trainers (ToT) for MSM Motiv8 conducted last February 2015. To date, the following are 12 LGU staff who were trained to conduct Motiv8 training for MSM PEs:

³ 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 who will be recruited and hired by CHANGE and will be stationed in Klinika Bernardo to meet clients they recruited online and link them to Klinika Bernardo staff for needed services.

Name	Gender	Designation	Agency
Anthony Villanueva	M	Facility-Based PE	Klinika Bernardo
John Dave Mare “Devine” David	TG	Facility-Based PE	Klinika Novaliches
Oscar Oliveros, Jr.	M	Site Implementation Officer	GF-TFM
Bernard Servidad	M	HCT Counselor	Take the Test, Inc.
Ervyl ABalle	F	Nurse	Cebu SHC
Dr. Jordana Ramitere	F	Physician	Davao RH Wellness Center
Dr. Teodulfo Joselito Retuya	M	Physician	CDO SHC
Desi Drew Ching	M	Executive Director	HIV AIDS Support House
Teresita Pagcaliwagan	F	Nurse	Makati SHC
Ester Cruz	F	Peer Educator	Pasig SHC
Rodrigo Reyes	M	Peer Educator	Marikina SHC
Pricilla Senoc	F	SHC Staff	Davao RH Wellness Center

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

Mentoring activities focused on the conduct of the Motiv8 sessions and the filling-out of the ICR forms were provided to the FB-PEs assigned in Klinika Novaliches as they have just started to implement these ROMP-introduced activities. The following were observations were discussed with Klinika Novaliches Physician, nurses and the QCHD HIV Program Coordinator:

- a. Client risk reduction plans for Motiv8 were not completely and adequately filled-out.
- b. Despite the client’s readiness and willingness for HIV testing, this has been a default topic for discussion during Motiv8.
- c. The barriers to behaviour change were not adequately explored and planned for.

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. During the Motiv8 session, clients are guided to develop behavior change plans (health seeking, risk reduction or treatment), which are tracked by the FB-PEs during subsequent client visits.

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

The client database (including TXTBro) pilot-tested in Klinika Bernardo had already been rolled-out to Klinika Novaliches and in three (3) other SHCs in Quezon City. On June 26, 2015, ROMP together with QCHD met with MyClick Technologies, Inc., the software developer, to review and finalize the software and the operational manual. The manual will serve as the reference document for the SHCs in navigating the database and will also be used during the training for case management coordinators from the cities of Angeles, Caloocan, Makati, Manila, Marikina, Pasay and Pasig scheduled on July 20-24, 2015.

In Y3Q4, the following activities will be conducted:

- Assist CHANGE in the conduct of the final venue-based promotional activity
- Recruitment through Grindr and “hand-holding” of recruited clients in Klinika Bernardo

- Provision of Motiv8 counseling to all MSM clients in Klinika Bernardo and Klinika Novaliches
- Post-training mentoring of MSM FB-PEs on Motiv8, particularly on tips and techniques in counseling HIV reactive clients
- Training of Klinika Novaliches staff on database management, including the use of TXTBro.

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

Despite the availability of a CD4 machine in Quezon City, testing is not currently offered due to unavailability of test cartridges. The CMCs refer new HIV-positive MSMs to RITM and other treatment hubs for CD4 determination. Discussions with DOH NCR had been done to seek support for procurement of test cartridges. As a result, DOH NCR already planned to download the needed funds to QCHD so that the CD4 testing could resume.

Y3Q3 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. Promotional materials like T-shirts, dog tags, and other collaterals with KB emblems and core messages, will be distributed to promote Klinika Bernardo and HIV testing services.

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

The laboratory services manual of procedures (MOP) for Klinika Bernardo was prepared in line with its development as a Male Sexual and Reproductive Health Clinic and as a ART Satellite Treatment Hub. The MOP details the standard procedures that service providers should follow regarding the different laboratory services and will differentiate Klinika Bernardo from the traditional SHCs in the country. In line with this, Dr. Elizabeth Telan and Ms. Susan Leano of the STD/AIDS Cooperative Central Laboratory (SACCL) were engaged to:

1. Conduct an assessment of the laboratory facility vis-à-vis its envisioned development into a male reproductive health clinic and ART satellite Treatment Hub
2. Develop an MOP for Klinika Bernardo laboratory services

In consultation with the QCHD, the team was able to identify gaps in laboratory services management including recommendations to address the same. These are detailed in Annex C. The MOP is currently being drafted and will be completed in Y3Q4.

Activity 1.2.2. Strengthening the SDN for PLHIV in Quezon City

In response to the Quezon City Health Officer's request to update the operational details, the terms of reference of the secretariat and members, including the guide in monitoring and evaluating activities of the *Operational Guidelines of the SDN for PLHIV in Quezon City*, ROMP provided technical assistance to strengthen the document which was accepted and technically cleared by the QCHD. This enhanced guide will support the SDN operations and facilitate referral mechanisms among the SDN members.

The DOH already cited the SDN for PLHIV as an example of HIV intervention which could be included in the development of HIV activities as part of the High Impact 5 Program. Several institutions are also signifying interest to be part of the Quezon City SDN and some LGUs are already inquiring for assistance on how to replicate this in their respective areas.

Sub-activity 1.2.2.2. Conduct regular SDN meetings

Quezon City holds monthly SDN meetings. Salient matters discussed during the quarter includes the following:

- The Philippine National Red Cross-Quezon City Chapter said that blood donors are notified about the availability of their HIV test result if they so agreed (in a written consent form) to receive this.
- Home visits for PLHIVs are not allowed under RA 8504 if the PLHIV did not provide consent.
- For Klinika Bernardo to be accredited to reimburse expenses through the PhilHealth OHAT package, the facility needs to be an accredited by PhilHealth (in any existing PhilHealth package). Dr. Ruiz clarified that the needed documents for accreditation have all been submitted to PhilHealth and the clinic is just awaiting PhilHealth approval.
- Quezon City General Hospital (QCGH) has already named a HACT chair, Dr. Edwin De Mesa. He expressed the need to capacitate the hospital and the HACT members so that they can adequately respond to referrals by the SDN members.
- All SDN members have already identified their alternate representatives to the SDN.

In Y3Q4, the following activities will be conducted:

- Promotion of Klinika Bernardo via social media platforms (with the CHANGE Project)
- Completion of the laboratory services MOP for Klinika Bernardo
- Technical assistance for Klinika Bernardo PhilHealth accreditation
- Regular SDN meetings and discussion on SDN operations sustainability

E.1.3. Case Management

The updated *Operations Guide for the HIV-AIDS Case Management Committee and Case Management Team* (Annex D) was technically approved by the Quezon City Health Officer. In this set-up, there will be a Case Management Committee at the city level and a Case Management Team at the facility level. This was presented as a local innovation by the QCHD during the High Impact Five Summit of the DOH-NCR held during this quarter.

Y3Q3 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 May 8 and June 10 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.

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

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

Pending the installation of the TXTBro system in *Klinika Novaliches* and other SHCs in Quezon City, ROMP provided a mobile phone with a post-paid connection to *Klinika Novaliches* so that they will be able to start sending messages and establish connection to clients who provided consent for inclusion to facility notifications and tailored messages.

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

Klinika Bernardo is now officially recognized by the Department of Health as an ART Satellite Treatment Hub with the signing of the Memorandum of Understanding between DOH and QC government. The MOU will also support the application for accreditation of *Klinika Bernardo* to allow reimbursement of laboratory and medical fees and services under the PhilHealth OHAT benefit package. Currently, *Klinika Bernardo* has already submitted its application to PhilHealth as a TB DOTS facility. Status of application will be followed up by the Quezon City Health Department with assistance from ROMP.

E.1.4. Care and Support

The updated Operational Guidelines for the SDN has just been finalized and accepted by the QCHO. In Y3Q4, the visit of SDN member agencies to the facilities and services of other members will be conducted. 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 Y3Q3, the QCHD has approved the “awareness of messages” questions proposed by the CHANGE Project to be incorporated in the MSM ICR used by *Klinika Bernardo* and *Klinika Novaliches*. A separate database was developed to capture these data.

ROMP reproduced the dog-tags (with key communication messages) designed with assistance of the CHANGE Project to be used as incentive for MSMs clients returning for their follow-up visits. This supplements the T-shirts (also with key communication messages) reproduced in the previous quarter for distribution to MSMs visiting the clinic for the first time.

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

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

A detailed discussion for activities included here is in Section H.

E.1.7. Managing Transition and Promoting Sustainability of Interventions

The transition and sustainability planning workshop for the MSM interventions scheduled did not push through because this was redesigned to be combined with the PWID component and will now be conducted in Y3Q4. While the consultation meetings to draft the LGU PWID administrative issuance have been completed in the tri-city, in Quezon City, the ROMP interventions are included in the pertinent city ordinance that is currently being amended.

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

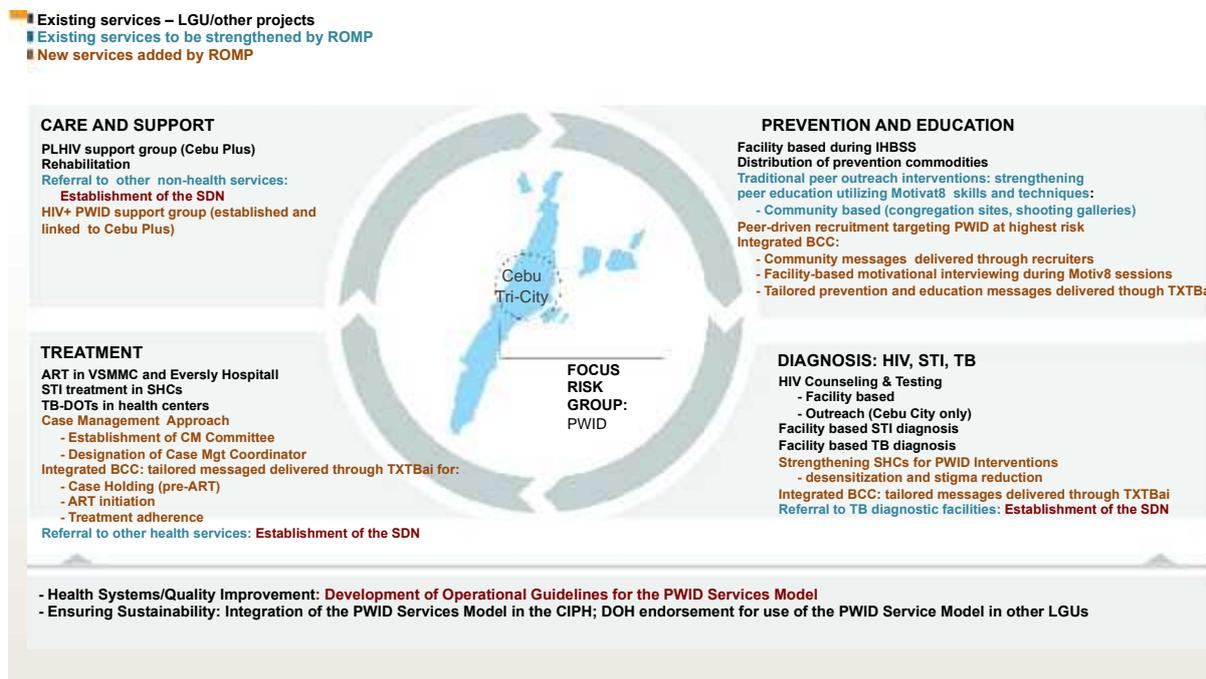
- Training design developed for:
 - Motiv8 Training for Facility based MSM Peer Educators
 - Male sexual and reproductive health for Klinika Bernardo staff
- Operational guides/modules developed for:
 - MSM Community Recruitment
 - Case Management Team and Case Management Coordinator
 - TXTBro (incorporated in the SHC information system guide)
 - Service delivery network for MSM services
- SBC Strategy/Plan for MSM developed
- Key MSM messages developed
- Referral points for MSM identified and MOU signed among SDN member organizations

Development of costing tools for the MSM interventions will be completed in Y3Q4.

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 Y3Q3 as well as the planned activities for Y3Q4 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

Y3Q3 activities:

Activity 2.1.1. Client Recruitment into PWID Interventions

By the end of Y3Q3, the total number of recruits for the three cities combined (1,440 PWIDs) was already achieved. The target was reached primarily through referral by Global-Fund-supported peer outreach workers (Cebu and Mandaue) and through the conduct of community desensitization followed by PWID parties particularly in Mandaue (2 PWID parties conducted with 20 PWID reached) and Lapu-Lapu City (13 PWID parties conducted reaching 51 PWIDS). Recruitment from the KCCC slowed down (about 90% decrease in clients) following the temporary stop in needle-syringe distribution as requested by the Cebu City Council beginning in late February 2015. KCCC hosts the clinic where NSP was previously authorized as part of the DOH operations research.

Activity 2.1.2. Strengthen Knowledge and Skills of PWID Peer Educators

Service providers are already experiencing various signs of fatigue and burn-out that could negatively impact on their work and their interaction with clients. In response to the request of the SHC staff, ROMP supported a three-day *Caring for Carers Training* from May 19-21, 2015. There were 16 participants: nine (9) FB-PEs, three (3) PsP members, three (3) CMCs, and one (1) nurse from the Global Fund-TFM of the Mandaue City Health Office. The training aimed to identify stressors and pressures that affected the efficiency and effectiveness of service providers, guide the participants to understand the effects of stress in personal and professional life, discuss conflict resolution, anger management and stress management and identify practical and doable ways of managing stress.

With the expected completion of the ROMP Project in September 2015, all skills training for the Tri-City implementers have already been completed. However, in response to the request of DOH-NASPCP to build capacity and rollout the interventions to the incoming Global Fund-New Funding Model (GF-NFM) Project sites, ROMP conducted the Basic PWID and MSM Peer Educators Training for the cities of Danao, Toledo and Talisay from June 3-5, 2015. There were 19 participants, six (6) PWID peer educators and 13 MSM peer educators. This training is a prerequisite to the PWID Motiv8 training for the peer educators from cities of Danao, Toledo and Talisay.

Sub-activity 2.1.2.1. Motiv8 Training for PWID PEs

From June 15-19, 2015, ROMP conducted the Motiv8 training for PWID facility-based peer educators (FB-PEs) from the cities of Cebu, Talisay and Toledo where 15 LGU staff participated (one participant was a newly-hired FB-PE of Cebu City). Beyond this training, the FB-PEs will be recruited and engaged by the incoming GF-NFM Project to support HIV interventions implementation.

3 LGU staff supported the ROMP training team. To date, there are 4 LGU staff who were trained to conduct Motiv8 for PWIDs:

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

Name	Gender	Designation	Agency
Bro. Paul Bongcaras	M	Outreach Worker	Society of the Divine Word
Dr. Mely Lastimoso	F	SHC Physician	CHO, General Santos City
Dr. Ilya Tac-An	F	SHC Physician	CHD, Cebu City
Ms. Estela Amoin	F	Nurse	CHO, Lapu-Lapu City
Ms. Rosalie Mendoza	F	Nurse	CHO, Zamboanga City
Mr. Melchor Suguran	M	Site Implementation Officer	GFATM, Cebu City
Mr. Francis Irving Baring	M	Nurse	GFATM, Mandaue City
Mr. Remberto Generalao	M	Project Officer	ROMP, PNGOC

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. However, because of the decrease in volume of clients visiting the KCCC when the NSP was temporarily put on hold, the Cebu City ROMP staff also temporarily stopped the conduct of Motiv8 sessions in this facility.

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

The case management approach and the role of the CMC are critical in the delivery of HIV services cascade. The CMC ensures that services are systematically received by PLHIVs, guided by the regular updating and review of the client database and decisions /recommendations of the CMT.

As part of ROMP project dissemination activities, a CMC Training was conducted from June 28-July 4, 2015 for the cities of Danao, Talisay and Toledo which are the identified expansion cities for PWID intervention under the incoming Global Fund-New Funding Model (GF-NFM) HIV Project. The training aimed to inform the participants on the different information systems, case management and the roles of the CMC, teach the participants on navigating the EpiInfo version 6.04 software (hands-on) and immerse the participants to the actual performance of CMC duties and the conduct of a case management team meeting. Seven (7) participants completed the course: two (2) participants each coming from the three (3) LGUs and one participant from the DOH CHD 7.

It was noted that these new cities currently don't have the needed computers dedicated for purposes of database management. ROMP recommended that new computers be acquired through the performance based grants provided by the DOH CHD 7.

In Y3Q4, the following activities will be conducted/continued:

- Routine collection of responses for “awareness of messages” variables.
- Mentoring of CMCs and physicians in the cities of Danao, Talisay and Toledo on case management
- Mentoring of new FB-PEs on the conduct of Motiv8 sessions

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. CD4 determination during this quarter, however, was not done because of lack of reagents and vacutainer tubes. The situation was discussed with DOH CHD 7 and they will now include the procurement of test cartridges and laboratory supplies under their High Impact 5 proposal.

ROMP had leveraged funding support for chest x-ray services of PLHIVs from Philippine Business for Social Progress (PBSP), the recipient of TB grant from Global Fund. Private laboratories nearby city health offices of Cebu and Mandaue were contracted by PBSP to provide the services. For the quarter, 135 and 14 PWIDs from Cebu City and Mandaue City, respectively, availed of the chest x-ray examination.

Y3Q3 activities:

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

On June 25, 2015, the DOH CHD 7 convened the 2nd quarter HIV SDN meeting together with the RAAT meeting. Mr. Boel Espinas presented the regional plan for HIV developed in consultation with the LGUs. ART treatment guidelines and updates on the PMTCT were also presented. SDN operational issues and concerns, however, were not discussed. ROMP recommended that the SDN chair and

members review the SDN operational guide and explore the feasibility of more frequent meetings to review accomplishments and identify needs to help strengthen the network.

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

The case management team meetings in the Tri-City concentrated on the review of the case management matrices that contained the line list of PLHIVs and their treatment status. Since the start of the project a total of 275 PWID PLHIVs in Cebu City were already identified. Of these 135 (49%) returned to the facility for their laboratory work-up after follow-up community/home visits conducted by PEs. 20 clients were considered lost to follow-up (their residence could no longer be traced by PEs, or refused to return to the facility even after 4 home/community visits). For Mandaue City, of the 49 PLHIVs identified since the beginning of the project, 13 (27%) returned to the facility for laboratory work up after follow-up community/home visits conducted by PEs. 6 clients were considered lost to follow-up. 2 The PLHIVs identified in Lapu-Lapu City were considered lost to follow-up.

Peer educator efforts in the previous quarters were focused primarily on client recruitment. Home or community follow-up visits for PLHIVs were mostly conducted during this quarter, after the client recruitment targets were met. There are remaining 120 PLHIVs in Cebu and another 30 in Mandaue who needs to be followed-up individually by peer educators in their homes or communities. Specifically for Mandaue City, follow-up visits are challenging, as several of these PLHIVs are located in more remote, mountainous areas and transportation is difficult.

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

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

In Y3Q4, ROMP will continue to support regular CMT meetings and mentoring of CMCs, particularly on the review of client status along the HIV services cascade, provision of needed services, referrals and follow-through of outcomes, and regular updating of the PLHIV case management matrix.

E.2.4. Care and Support

Y3Q3 activities:

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

In collaboration with the Cebu City Social Welfare and Services Department (an SDN member agency) PsP members were given orientation on available livelihood opportunities last April 23-24,

2015. The process of drafting a business proposal was discussed followed by a hands-on preparation of a proposal. The PsP members were requested to fill-out loans and financial grant application forms. The CSWS will evaluate these applications and will inform ROMP and the applicants on the status of these applications.

In Mandaue City, 19 PWIDs were enrolled under PhilHealth using funds from the DOH-CHD 7 Performance-Based Grant.

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

The PsP continued to meet twice a month. For the quarter, the meetings focused on strengthening organizational capacity and back-up plans beyond ROMP project completion. Specifically, the group discussed:

- Legal entity of the group via registration with the Securities and Exchange Commission so that they will be able to access funding opportunities and or receive fund grants
- Identification of bridging activities and other HIV-related employment opportunities
- Practical mechanisms to ensure follow up of members on treatment after completion of the ROMP project.

E.2.5. Strengthening BCC programming

In Y3Q4, ROMP will continue the distribution/dissemination of communication materials and together with CHANGE will continue to collect responses to the “awareness of messages” questions incorporated in the PWID ICR to gauge the reach and to understanding of the messages by PWIDs.

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

A detailed discussion for activities included here is in Section H.

E.2.7. Managing Transition and Promoting Sustainability of Interventions

The transition and sustainability planning workshop for the PWID component did not push through because this was redesigned to be combined with the MSM component and will be conducted in Y3Q4. The consultation meetings to draft LGU administrative issuance have been completed. These issuances are in various stages of approval in the Tri-City LGUs.

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

- Training design developed for:
 - Motiv8 Training for Facility based PWID Peer Educators
 - Stigma Reduction and IDU Desensitization Training for SHC clinic staff

- Operational guides/modules developed for:
 - PWID Community Recruitment
 - Case Management Team and Case Management Coordinator
 - HIV-positive PWID support group
 - 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

Development of costing tool for the PWID interventions will be completed in Y3Q4.

F. Other Activities

Round Table Discussion in relation to the LGBT Pride Month Celebration

The U.S. Embassy in the Philippines holds activities in June to celebrate the LGBT Pride Month. Traditionally this was held in the Ambassador’s Residence in Makati City, but this year, the culminating activities were held in Cebu City. FHI 360 assisted USAID in designing, coordinating and implementing the RTD on June 24, 2015 in Radisson Blu, Cebu. RTD participants included:

United States Government

- | | |
|-----------------------|---|
| 1. Philip S. Goldberg | Ambassador, United States of America |
| 2. Rachael Parrish | Control Officer, US Embassy |
| 3. Gloria Steele | Mission Director, USAID/Philippines |
| 4. Ma. Paz DeSagun | Project Development Specialist, USAID/Philippines |
| 5. Ted Francisco | USAID/Philippines |

Government of the Philippines

6. Dr. Jaime S. Bernadas, MGM, CESO III: Regional Director, DOH-CHD 7
7. Dr. Chamberlain Agtuca: HIV/AIDS Core Team, Vicente Sotto Memorial Medical Center
8. Dr. Ilya Tac-An: Social Hygiene Clinic Physician, Cebu City

LGBT Groups

9. Atty. Regal Oliva: Board Of Trustees, ManPride
10. Mr. Jerson See: President, Cebu Plus Association, Inc.
11. Mr. Roxanne Doron: Executive Director, Bisdak Pride, Inc.
12. Ms. Honey (Johanne Saludes): President, REPOS Angels
13. Mr. Chase Tolentino: Leader, Transman Equality and Awareness Movement (TEAM) Cebu

ROMP Project

14. Ricardo J. Mateo Jr., Family Health International 360

Ms. Raine Cortes of the ISEAN-Hivos Project facilitated the event. The RTD aimed to brief Ambassador Goldberg on the HIV/AIDS situation among LGBT and other MSMs in Cebu and prevailing issues and concerns and the government and non-government responses. It was pointed out that HIV prevalence was on the rise among MSMs and TGs, particularly in Cebu City. When 10 years ago, the treatment hub sees only six HIV-positive individuals in a month, now, they are seeing 60 every month. The City Health Offices have started prevention intervention efforts but they acknowledge that they need the support of the national government and community based organizations (CBOs).

DOH CHD 7 highlighted their areas of support with the performance-based grants to 10 LGUs and the DOH thrust to include HIV/AIDS as one of the priority high impact programs.

The other CBOs informed the meeting of their charity work and efforts to eliminate discrimination against LGBTs. Recently, Mandaue City passed an ordinance to address discrimination against LGBTs. The Catholic Church lobbied strongly for this ordinance to be shelved as they thought this will eventually lead to a clamor for same-sex marriage.

While HIV/AIDS is real for LGBT community, linking HIV/AIDS to LGBT concerns appears to foster the perception that LGBT is a health issue rather than human rights. Ambassador Goldberg said that there is no categorical solution or promise of support from the U.S. government to LGBT issues since the U.S. is still grappling with the same. However, the US government is ready and willing to support efforts against all forms of harassment and violation of human rights. He congratulated the CBOs for their effort to improve the lives of LGBTs and continuing to fight for their dignity.

FHI 360 also helped in the preparing the guest list for the reception that followed the RTD.

IHBSS in the Cities of Cebu and Mandaue

To determine prevalence of HIV among MSMs in Quezon City and the PWIDs in the Tri-City, FHI 360 committed to be part of the external M&E national team for the IHBSS. For this monitoring done from June 19-20, 2015, FHI 360 joined the representatives of WHO, Dr. Nerisse Dominguez and UNODC, Ms. Cristina Ignacio. The following are sites visited and observations made:

- Kamagayan Drop-In Center. PWID IHBSS utilizes Responding Driven Sampling. There were around 15 PWIDs at the time of visit. All provided their consent, were interviewed and submitted to blood extraction.
- Manalili St., Cebu City. FSW IHBSS utilizes Time Location Sampling (TLS). There were barangay officials present in the area but this did not deter the FSWs from roaming around and soliciting for customers.
- Pari-an, Cebu City. MSM IHBSS utilizes TLS. There was an ongoing dance contest so there were plenty of people in the venue. It was a bit difficult to get a good count of MSMs as the cruising venue was now teeming with men, women and children.
- Tabok, Mandaue City: MSM IHBSS: Despite the heavy downpour the team was able to recruit 8 from a count of 24 MSMs. It was observed that the team was using vacutainer tubes with June 2015 expiration date. According to the medical technologist, this was the supply they received from the STD/AIDS Cooperative Central Laboratory.
- Tonyo's, Basak Mandaue City: MSM IHBSS: The team recruited 19 MSMs from a count of 52.

The group monitoring report was submitted to PNAC for collation and generation of final report.

Participation in the DOH-CHD 7 Regional HIV/AIDS Summit 2015 AIDS Candlelight Memorial Commemoration

From May 17-18, 2015, FHI 360 participated in the 2015 Regional AIDS Summit in Central Visayas organized by DOH-CHD7 with the theme, *Aligning HIV and AIDS program to the High Impact Breakthrough Strategies Towards Universal Health Care*. When in the past year, only the cities of Cebu, Lapu-Lapu and Mandaue received grants from DOH-CHD 7, this year, six (6) other local governments were grant recipients (Provinces of Bohol, Cebu, Negros Oriental, Siquijor and the cities of Danao and Talisay). ROMP was one of the projects that received a plaque of appreciation from the DOH for the efforts on HIV/AIDS prevention, treatment, care and support for PWIDs.

“The Cebu City government, headed by the mayor, will continue to support the endeavors of the different stakeholders, both government and non-government, including community-based organization, to ensure that the different HIV prevention and control program and services reached and are being accessed by the key affected populations. This was part of the message delivered by Cebu City Health Officer, Dr. Daisy Villa during the 2015 AIDS Candlelight Memorial Commemoration in a gathering of more than 500 HIV/AIDS advocates and stakeholders in Plaza Independencia, Cebu City on May 17, 2015. The event, which is the largest and oldest grassroots HIV/AIDS campaign, honors the memory of those lost to AIDS, demonstrates support for those living with HIV and AIDS, raises community awareness and decreases stigma related to HIV/AIDS and mobilizes community involvement in the fight against HIV/AIDS.

The event was capped with the lighting of candles led by Mr. Jerson See of CebuPlus Assoc.Inc. In keeping with the Memorial’s theme, “Support the Future”, Mr. Jerson See encouraged all the Cebu City stakeholders to continue the advocacy in halting the spread of HIV, promoting HIV testing, and linking those who turned out positive to treatment, care and support.

Also joining the commemoration were member agencies of the Local AIDS Council, local NGOs, CBOs, and faith-based organizations, Department of Health Region 7, and representatives of the different HIV projects implemented in Cebu City: GF-TFM, ISEAN HIVOS, Big Cities Project, WHO-Femina Trans Project, and representatives of the USAID-funded ROMP Project.

G. Major Implementation Issues

The following is a summary issues related to the delivery of HIV cascade of services as identified in the CMT and SDN meetings and during monitoring visits:

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if not Resolved
HIV Testing	HIV counseling and testing is the entry point for enrolment in case management. Depending on the results, clients are channeled to other appropriate services. Delivery of HIV testing services, however, is limited by the following:		
	<p>a. Availability of HCT counselors In the PWID sites, PEs are not trained as HCT counselors. Pre-test and post-test counseling could only be done by SHC staff who may not be able to handle a group of clients brought in together from PWID parties and could result in long waiting time for clients.</p>	<p>Group approach recommended for common pre-test counseling topics.</p> <p>Assistance requested from other available trained counselors in the SHC.</p>	<p>Facility based PEs to be trained as VCT counselors. SHCs submit list of participants to and coordinate with DOH-RO7 for scheduling of training.</p>
	<p>b. Availability of medical technologist. When only 1 medical technologist is available to do HIV testing for all risk groups (including FSW and MSM) client's waiting time also gets longer.</p>	<p>Augmentation med-techs already provided to the project sites by the GF-TFM HIV Project.</p> <p>Support to fund these staff will be continued under the incoming GF-NFM project.</p>	
	<p>c. Release of screening test results Not all SHCs provide same day screening test results and potentially could contribute to clients not knowing their HIV status if they don't come back to get their test results.</p>	<p>Augmentation med tech will now provided to Lapu-lapu City under the GF-NFM project to allow same day release of test results.</p> <p>PEs advised to bring clients to the facility early (and not late in the afternoon) to provide enough time to complete</p>	

		processing of collected blood samples.	
	<p>d. Long turn-around time for confirmatory test result Confirmatory testing results are released 1-2 months after blood collection. Clients lose interest during the waiting period and may not come back to claim the results.</p>	<p>Pooling of specimens in Cebu SHC and DOH 7 before sending for confirmatory testing in SACCL will be stopped.</p> <p>Mandaue and Lapu-lapu could opt to send their specimens directly to SACCL for testing to lessen the waiting time.</p> <p>DOH will provide funds for courier services.</p> <p>GF-NFM will also provide additional funds for this purpose.</p>	
TB Screening	<p>All identified HIV positive clients will need to be screened for TB (symptomatic screening + chest x-ray). Conduct of CXR, however, is limited by the following:</p>		
	<p>a. Availability and cost of chest x-ray CXR is not readily available in the CHO/SHC. PWID clients could not afford to pay for services in private facilities.</p>	<p>ROMP leveraged support from GF-TB project to pay for CXR services for PWID PLHIVs.</p> <p>Private facilities nearby the CHO/SHC contracted to provide CXR and billed to PBSP (SR for GF-TB project)</p> <p>DOH- RO7 TB program will also provide CHOs with x-ray machines the needed x-ray films to be used for PLHIVs</p>	
	<p>b. Cost of GenXpert testing SDN Referral areas charges clients for conduct of the test and are not affordable to clients.</p>	<p>DOH Regional Offices will download funding to the project cities to</p>	

		support GenXpert testing	
CD4 testing	CD4 testing is needed to determine ART eligibility for HIV positive clients. However, it is only available for PWIDs in VSMMC in Cebu City and testing schedule is only once a month.		
	<p>a. Point of care testing needed PWIDs are reluctant to go to a big hospital because of fear of potential arrest. Both MSM and PWID clients are also concerned with additional disclosure of their HIV status to other personnel addition to KB/ SHC staff. Referral to the hospital also entails additional transportation costs for the client.</p>	<p>Klinika Bernardo and Cebu CHO were already provided with CD4 machines.</p> <p>Mandaue and Lapu-lapu SHCs could also send their specimens to Cebu for CD4 determination</p>	
	<p>b. Availability of testing cartridges Initial supply of test cartridges run out and the LGUs could not subsidize the costs for clients.</p>	DOH Regional Offices already earmarked funding for procurement and will download the money to the LGUs for purchase of the test cartridges.	For the long term, LGUs were also requested to include in their regular budget the procurement of the test cartridges.
	<p>c. Cost of CD4 monitoring PhilHealth OHAT package covers only the cost of CD4 testing for clients already on ART. Initial CD4 determination is not included. Not all clients are also PhilHealth members.</p>	<p>GF-TFM made available enablers funds to cover costs of the initial CD4 testing.</p> <p>The enablers will fund will also be continued under the incoming GF-NFM HIV Project.</p> <p>Funding support from DOH Regional Offices (mentioned above) will also help cover costs of CD4 determination (both initial and monitoring when under treatment)</p>	
Other pre-	ART eligible clients need additional		

ART work-up	work-up before ART could be initiated. These includes the following tests which are not readily available in KB and in the CHO/SHCs:		
	a. CBC	CBC machine already procured for KB	For the long term, LGUs were also requested to include in their regular budget the procurement of needed reagents and supplies for these tests.
	b. Hepatitis B screening	Enabler's funds from GF-TFM also cover the costs for these tests. The enablers will fund will also be continued under the incoming GF-NFM HIV Project.	
	c. Liver profile		
	d. Pregnancy tests (for female PWIDs)		
Follow-up home visits for HIV positive PWIDs	Case management for HIV-positive PWIDs includes a minimum of 4 home/community visits to facilitate completion of their needed laboratory work-up, initiation of ART and promoting treatment adherence. For these follow-up visits by PEs, however, the following will be needed:		
	a. Transportation costs of PEs	DOH RO7 planned support under the High Impact Programs will include not only funding to support the continued engagement of peer educators but also incorporates travel costs for PEs (including clients) to allow home visits as part of their compensation payment. Transportation costs also brought to the attention of the GF-NFM HIV project for funding.	
	b. Transportation costs of clients		
	LGU accounting rules and regulations allow reimbursement of transportation costs for staff only (clients not included). PEs doesn't also have enough resources to pay the cost in advance and later claim for reimbursement.		
Prevention Commodities	Behaviour change communication for MSM and PWIDs demands availability and distribution of the following prevention commodities to clients to enable them to execute their behavior		

	change plans:		
	a. condoms and lubricants	There is adequate procurement of condoms and lubricants by the DOH-NASPCP. These commodities will be made available to LGUs through the DOH Regional Offices. LGUs are encouraged to use their available resources for condom and lube procurement to fund other needed supplies or reagents.	
	b. needles/syringes DOH had ordered a temporary stop to the N/S distribution as part of the operations research in Kamagayan CCC.	ROMP will comply with the DOH instructions. Lapu-lapu will continued to provide locally procured N/S to their own clients.	Cebu City Health will resume distribution only after inquires and concerns of concerned parties on the NSP are resolved by the DOH.
PhilHealth Enrolment	Many HIV-positive MSM and PWIDs are currently non-PhilHealth members and could not avail of the OHAT benefit package. Enrolment of clients and access to the OHAT benefit package needs the following support:		
	a. Cost of documentation for PWID enrolment in PhilHealth City social welfare office already supports enrolment of MSM and PWID clients (using LGU funds and DOH PBG grants). However, additional support is needed by PWIDs to fund costs of securing enrolment related documentation such as birth certificates, certification of residency and indigency.	ROMP suggested that these costs be proposed under the PBG grants. The City Social Welfare Offices were requested to simplify enrolment requirements and facilitate/expedite enrolment of PWID clients	Assistance from the GF-NFM HIV Project will be explored.
	b. Clinic accreditation The health facility also needs to be accredited by PhilHealth for enrolled	KB already assigned an MOU with DOH to operate as a satellite	

	<p>clients to access the OHAT benefit package.</p> <p>Initial requirement is for the facility to be officially designated by DOH as a satellite treatment hub.</p> <p>As PhilHealth currently don't have accreditation category for SHCs, the LGU facilities could only be accredited under the category of TB DOTS facility.</p>	<p>treatment hub after completing & complying with DOH assessment.</p> <p>ROMP also assisted accreditation application of KB as TB DOTS facility. QCHD is now just waiting to receive formal approval/accreditation from PhilHealth.</p> <p>ROMP will likewise assist the Cebu CHO/SHC for similar processes undergone by KB.</p>	
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H. Dissemination of Project Outputs

Dissemination of ROMP Project outputs and/or products ahead of the project closeout will follow non-traditional approaches to include the following:

I. Bridging activities with the Global Fund-New Funding Model HIV Project

ROMP intervention models were pilot-tested to provide DOH with new approaches that will respond to HIV programming challenges and which could be replicated in other cities with similar HIV situations. Replication is targeted to selected cities guided by current MSM and PWID surveillance data. The incoming Global Fund-New Funding Model (GF-NFM) HIV project slated to start implementation in October 2015 is seen to benefit from the ROMP project experience and products, and could serve as the platform for dissemination and/or replication of ROMP interventions. This new, three-year project will target implementation of MSM and/or PWID interventions in 16 selected cities (including the 4 ROMP project cities).

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

- Motivational interviewing through the conduct of Motiv8 counseling sessions: 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 behaviours, assisting them to prepare behavioural change plans (health seeking, preventive, or treatment); and following-up execution of these plans.
- Case management cohort approach, particularly for HIV-positive clients: 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 collaborated with DOH through the GF-TFM Project and Save the Children (PR of the GF NFM HIV Project) for the conduct of consultation and planning meetings with the GF-NFM project cities conducted as follows:

Visayas Group: May 15, 2015: cities of Cebu, Mandaue, Lapu-Lapu, Talisay, Danao and Toledo
Luzon Group: May 26, 2015: cities of Angeles, Caloocan, Manila, Makati, Marikina, Pasay, Pasig

The following are the schedules for the training activities, as agreed with DOH-NCR, DOH RO 7 and the target cities during the consultation and planning meetings mentioned above:

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

For the conduct of these training activities with the expansion cities, ROMP will maximize engagement of the local implementing partners to share their experience and expertise, serving as trainers or resource persons and in the process also fosters south-to-south cooperation among the identified cities. Follow-up mentoring and coaching of PEs and SHC staff will also be scheduled after the above trainings are completed.

II. HIV Consultation and Planning Meetings under the DOH High Impact Programs

During the remaining period of ROMP project implementation, the DOH-NASPCP had scheduled the convening of the following meetings:

- **Orientation Meeting for New Regional HIV Program Coordinators**
August 19-20, 2015 (tentative), Ciudad Christia, San Mateo, Rizal
- **Dissemination Meeting for HIV Projects and Research Activities**
August 26-27, 2015, Manila

Participants for the above meetings will include DOH Regional HIV Program Coordinators, selected cities and other program partners. These meetings will serve as additional platforms for dissemination of ROMP project interventions including planning for replication in other PNAC

Category A and B cities.

ROMP will assist NASPCP to conduct workshops in the above meetings to identify components of the ROMP intervention models of interest to these cities, integrate the activities under their current HIV workplan, identify funding for implementation from regional allocations or prioritization under the DOH High Impact Programs, including needed TA support.

III. ROMP Technical Briefs to support replication of ROMP models

From June 14-23, 2015, Matt Avery of FHI 360 APRO assisted the ROMP Project to develop “technical briefs” that will support replication of successful ROMP models. The deliverable for this activity is a set of technical briefs consisting of 4-6 pages documenting key components of the ROMP project that, based on results of the recent external project evaluation, could be considered successful models for replication. The intended audience for these briefs would be City Health Officers and other local government unit officials in other cities interested in strengthening HIV prevention for key populations within their localities. The models identified for documentation are:

- One-stop “sundown clinic” community-based services (the Klinika Bernardo model)
- Case Management Teams (including implementation of a clinical data management system)
- Service Delivery Networks
- PWID Peer Support Groups
- Motiv8 (motivational interviewing for behaviour change communications)

Content for these technical briefs is intended to include justification for adopting each of the models in the Philippines context; description of key model components and the process of developing the model; documentation of value-added to the project through program data and anecdotal report; costing data; and reference to further supportive tools available from the ROMP project.

ROMP will produce copies of the above technical briefs and will be made available for dissemination in relevant HIV forums or events organized by the PNAC and the DOH in 2015-2016.

IV. ROMP Operational Guides and Tools for Cities implementing MSM and PWID interventions

Over the course of implementation of the MSM and PWID CPS model, ROMP had developed various guidelines and/or manuals, in consultation with DOH and LGU partners, to facilitate implementation of specific activities. A compendium of these guidelines and or/manuals will be packaged for use of LGUs interested in implementing the model in their localities and to help ensure the consistency and quality of the interventions. A costing tool was also developed to assist LGUs estimate the incremental investments needed to operationalize the package of services in their specific context.

The following will form part of the compendia of ROMP Operational Guides:

A. MSM Component

- MSM peer driven recruitment operations manual
- Motiv8 training facilitators’ guide for facility based MSM peer educators
- Social hygiene clinic information system operations guide (with TXTBro operations guide)
- Case management team operations guide/terms of reference
- Male sexual and reproductive health training modules for Klinika Bernardo staff
- Service delivery network operations guide for MSM PLHIV services
- HIV disclosure training curriculum

- MSM costing tool

B. PWID Component

- PWID peer driven recruitment operations manual
- Motiv8 training facilitators' guide for facility based PWID peer educators
- Social hygiene clinic information system operations guide
- Stigma reduction and PWID desensitization training design for SHC clinic staff
- Case management team operations guide/terms of reference
- Service delivery network operations guide for PWID PLHIV services
- HIV-positive PWID support group operations guide
- HIV disclosure training curriculum
- PWID costing tool

It is imperative that these are technically sound before submission to DOH and USAID for approval. Thus, ROMP identified technical experts, discussed the review process and timelines and distributed the materials to be reviewed including the technical clearance forms. Except for the *MSM and PWID peer driven recruitment operations manual*, which were not vetted out for review since these will not be officially endorsed by the ROMP Project (the process did not prove effective) all the technical review forms were signed by the reviewers signifying that the material contents are technically sound.

The compendia include tools for costing the interventions. In this regard, FHI 360-Philippines engaged the services of Rick Homan, FHI Health Economics expert, to assist in estimating the investments needed to operationalize the ROMP CPS models in the LGU context. To achieve this, Mr. Homan reviewed pertinent documents and gathered additional information. He met with QCHD and SDN, the CHANGE Project, AIDS Society of the Philippines, and Take the Test in Quezon City. The excel-based cost estimators for the MSM and PWID interventions are attached to this report as Annex E-1 and E-2. The accompanying users' guide is in Annex F.

The ROMP MSM and PWID Compendia of Operational Guides and Tools will be made available to the expansion sites identified under the GF-NFM HIV Project, including other cities signifying interest in the ROMP interventions as maybe generated from the DOH-NASPCP Dissemination Forum and from the dissemination of the ROMP Project Technical Briefs.

I. Financial Reports