

Operational Guide for MSM HIV Interventions

Service Delivery Network for
People Living with HIV in Quezon City



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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ASP	AIDS Society of the Philippines
BSHC	Batasan Social Hygiene Clinic
CBO	Community Based Organization
CM	Case Manager of the Social Services Development Department
CMC	Case Management Coordinator
CMT	Case Management Team
DOH	Department of Health
MSM	Males having Sex With Males
DSWD	Department of Social Welfare and Development
EAMC	Non-Government Organization
FBOs	Faith-Based Organizations
FP	Focal Person
FPOP	Family Planning Organization of the Philippines
FHI360	Family Health International 360
FSW	Female Sex Worker
HACT	HIV/AIDS Core Teams
IHBSS	Integrated HIV Behavioral and Serologic Surveillance
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HIV+	HIV Positive

Acronyms

KB	Klinika Bernardo
KN	Klinika Novaliches
LAC	Local AIDS Council
LCP	Lung Center of the Philippines
LGU	Local Government Unit
MARP	Most At Risk Population
MDRTB	Multi-drug Resistant Tuberculosis
MSM	Men/males who have Sex with Men/males
NEC	National Epidemiology Center
NGOs	Non-Governmental Organizations
OI	Opportunistic Infections
PAFPI	Positive Action Foundation of the Philippines, Inc.
PCP	Pneumocystis Carinii Pneumonia
PE	Peer Educators
PGH	Philippine General Hospital
PLHIV	Persons Living with HIV
PNAC	Philippine National AIDS Council
PNGOC	Philippine NGO Council on Population, Health & Welfare, Inc
PPA	Pinoy Plus Association
PRC	Philippine Red Cross
PWD	Persons with Disability
PWID	Persons Who Inject Drugs
KN	Klinika Novaliches

Acronyms

QC	Quezon City
QCHD	Quezon City Health Department
QCGH	Quezon City General Hospital
QCSAC	Quezon City STI/HIV/AIDS Council
RA	Republic Act
RecA	Receiving Agency
RefA	Referring Agency
RFSW	Registered Female Sex Worker
RMSW	Registered Male Sex Worker
RITM	Research Institute for Tropical Medicine
SDN	Service Delivery Network for People Living with HIV
SDNFP	Service Delivery Network Focal Person
SLH	San Lazaro Hospital
SSDD	Social Service Development Department of Quezon City
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TB	Tuberculosis
TCF-WCH	The Camillus Fathers-Woodwater Center for Healing
USAID	United States Agency for International Development
VCT	Voluntary Counseling & Testing



Republic of the Philippines
Quezon City
OFFICE OF THE MAYOR



Herbert M. Bautista mpa mnsa

MESSAGE

The Quezon City Government has always been in the forefront against HIV and AIDS through effective governance and responsible leadership. More than ever, the city is committed to halt the spread of this epidemic and deliver critical, accessible and quality health and non-health services to those infected and affected by HIV. Through the multi-sectoral Quezon City STD/AIDS Council, we were able to formulate local response plans for HIV surveillance, prevention, treatment, care and support, develop evidence-based policies and monitor the progress of programs, projects and activities. Annually, more than 100,000 individuals are provided HIV education through the HIV/AIDS awareness seminar for health certificate applicants, pre-marriage counseling, health education in schools and communities and the outreach work being done by dedicated peer educators. The 65 health centers and lying-in clinics specifically, the four hygiene clinics (SHC) in Quezon City provide diagnosis and treatment services to communities, expectant mothers and establishment workers annually. With the establishment of Klinika Bernardo, the first local government-run male wellness clinic in the Philippines, tailored prevention interventions, STI/HIV and TB diagnosis and HIV treatment, care and support are now more accessible to men.

Despite all efforts, we are cognizant that we will not be able to do all that are needed by ourselves. It is estimated that in Quezon City, there are more than a thousand males having sex with males (MSM) who are HIV infected. As the number of People Living with HIV (PLHIV) increase especially among MSM, it is imperative that the city government deliver critical, accessible and quality health and non-health services to them. We need to forge effective partnerships with service providers and the PLHIV community. The establishment of the Service Delivery Network for PLHIV in Quezon City is a welcome initiative to provide quality service to the PLHIV community. We commend the Department of Social Welfare and Development for developing the operational manual from which this local operational guidelines manual was based.

We would like to thank the Department of Health and the United States Agency for International Development for its more than 20 years of partnership with Quezon City on HIV prevention and control programming. The assistance in forming operationalizing the service delivery network through the Reaching Out to Most at Risk Populations Project implemented by Family Health International 360 and the Philippine NGO Council for Population, Health and Welfare, is yet another testament to your unwavering support and our solid partnership.



Republic of the Philippines
QUEZON CITY HEALTH DEPARTMENT



MESSAGE FROM THE CITY HEALTH OFFICER

Quezon City continues to provide comprehensive health care to its citizens, including people living with HIV (PLHIV), by ensuring that they do not only have quality medical care but also related psychosocial and legal support. This Operational Guidelines of the Service Delivery Network for People Living with HIV in Quezon City is just part of our effort to have zero AIDS-related deaths, zero new infections, and zero discrimination. Our ultimate purpose is to maintain the quality of life for our PLHIV.

Until 2007, HIV prevalence was maintained below 1% and most was among sex workers. However, there has been a significant shift in the epidemic. The prevalence of HIV among Men having Sex with Men (MSM) in Quezon City continues to rise from 1.4% in 2009 to 6.6% in 2013, more and more clients need HIV & AIDS services.

Acknowledging the unique needs of this key affected population, Quezon City established one of the first “sundown” clinics catering to MSM, Klinika Bernardo, followed by the establishment of Klinika Novaliches, using the same model. There are currently 190 people living with HIV under the care of Social Hygiene Clinics and “sundown” specialty clinics catering to MSM.

As more PLHIV were diagnosed, we realized that we needed to provide a continuum of care after HIV testing and diagnosis. Thus, the Service Delivery Network for PLHIVs was born, building a referral network among primary, secondary, and tertiary health facilities and non-government organizations providing health and non-health services for PLHIV.

The first Operational Guide of the Service Delivery Network for PLHIV was based on the manual Referral System for the Care and Support of PLHIV and their Families in the Community, developed by the Department of Social Welfare and Development (DSWD). After running the network for more than a year, we had enough learning to warrant revisions for a more practical and closer description of how the network truly operates.

Much remains to be done. As a network, we need to venture out of our shell and open the doors to other services, including legal consultations, which remain a challenge. We need to be more cohesive and decisive in partnering with different agencies.

We are grateful for the technical assistance provided by the USAID-supported Reaching Out to Most at Risk Populations (ROMP) Project, implemented by Family Health International (FHI) 360 and the Philippines NGO Council for Population, Health and Welfare (PNGOC) with the support of the Department of Health National AIDS and STI Prevention and Control Program (NASPCP) and the Department of Social Welfare and Development (DSWD) Social Technology Bureau. We are grateful to all our partners who join us in our endeavor to achieve “Health for All and Health in the Hands of the People.”

With the governance and leadership of the Government of Quezon City, and drawing inspiration from our work, I believe that we can achieve this dream.

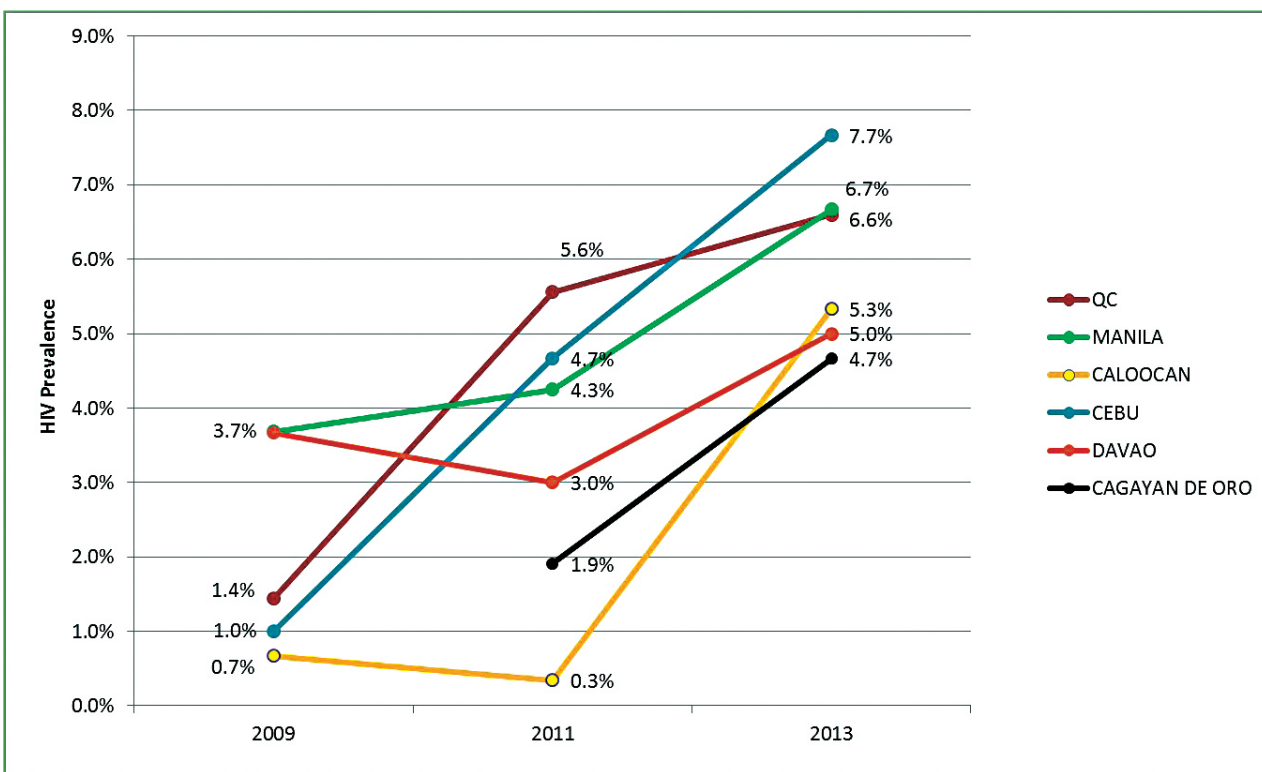
VERDADES P. LINGA, MD, MPH

City Health Officer II

Background

Quezon City (QC), the northernmost city of the National Capital Region, is the largest of the 16 cities in Metro Manila. It has a population of almost 3 million. It is ranked as one of the cities in the country with the highest HIV prevalence, with an estimated 6.6% HIV-positive males having sex with males (MSM) (2013, IHBSS).

Figure 1. HIV Prevalence in Selected Philippine Cities.



At the national level, testing remains a challenge and getting People Living with HIV (PLHIV) into treatment and keeping them to therapy are also major concerns. The Quezon City Service Delivery Network (SDN) aims to address this “leak” in the continuum of care.

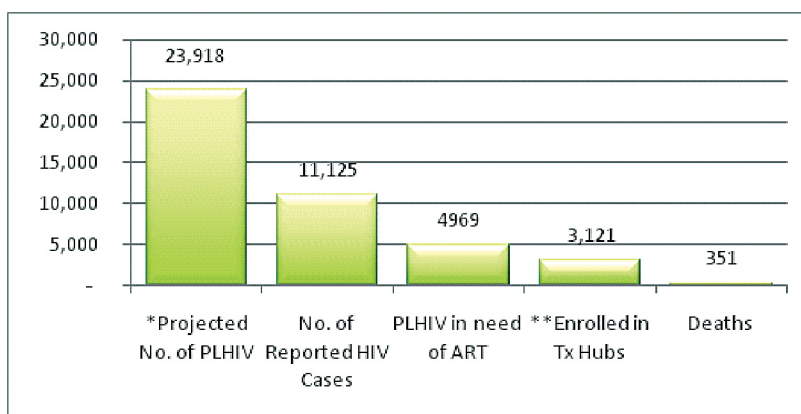


Figure 2. Cascade Model

Policy Framework for HIV Service Delivery Network

This Operational Guidelines for the SDN for PLHIV in Quezon City was developed in consonance with the following national and local policies:

- **Philippine AIDS Prevention and Control Act of 1998 (RA 8504).** Signed in 13 February 1998, this law provides for the institution of nationwide HIV and AIDS information and educational programs, provision of services to PLHIV, establishment of a comprehensive HIV and AIDS monitoring system, and strengthening of the Philippine National AIDS Council.
- **5th AIDS Medium Term Plan (AMTP5).** The country’s strategic plan which aims to halt the present rate of HIV infection in the Philippines by preventing the further spread of HIV infection and reducing the impact of the disease on individuals, families, communities, and various sectors. It seeks to broaden its reach among the general population, especially those most-at-risk and present drivers of the epidemic such as MSM and People Who Inject Drugs (PWID). Its second objective is to improve the coverage and quality of treatment, care, and support programs for persons living with HIV (including those who remain at risk and vulnerable) and their families.
- **Quezon City Ordinance No. 1053.** This mandates the Quezon City STD/AIDS Council (QCSAC) as the principal body setting directions to the city’s HIV/AIDS prevention and control program. QCSAC will carry-out planning, integration and coordination of programs and services on the prevention and control of sexually transmitted diseases (STD) and AIDS implemented by the City Government and non-government organizations (NGOs).
- **Quezon City AIDS Prevention and Control Ordinance (SP 1053 S-2001).** Enacted in 20 March 2001, this reiterates the six (6) functions of the QCSAC and enumerates the five (5) STD/HIV/AIDS prevention policies that the council must comprehensively and efficiently implement. These are: i) Compulsory STD/HIV/AIDS education, ii) Regular STD screening of all entertainers, masseurs and others with similar occupation, iii) Universal access to STD healthcare, iv) Non-hiring of minors, and v) Availability of prophylactics and other information materials in all registered entertainment establishment.
- **Quezon City Ordinance No. SP-2210, S-2013.** This ordinance prohibits all forms of discrimination against workers in workplaces within Quezon City who are perceived, suspected, or found to be infected with HIV.

Conceptual Framework and Approach to Treatment, Care, and Support

Continuum of Care

People living with HIV and their families have medical, emotional social, physical, and spiritual needs that change over time. They often must cope with the effects of stigma and discrimination, poverty, loss, neglect, and abandonment. The Continuum of Care (Figure 1) is a framework to address HIV as a chronic disease and develop systems that link, coordinate, consolidate and provide humane, effective, high-quality comprehensive care, treatment, and support services.

Members of the Quezon City SDN provide essential medical and psychosocial interventions as well as other support services necessary to restore the social functioning of PLHIV and their affected families and children.

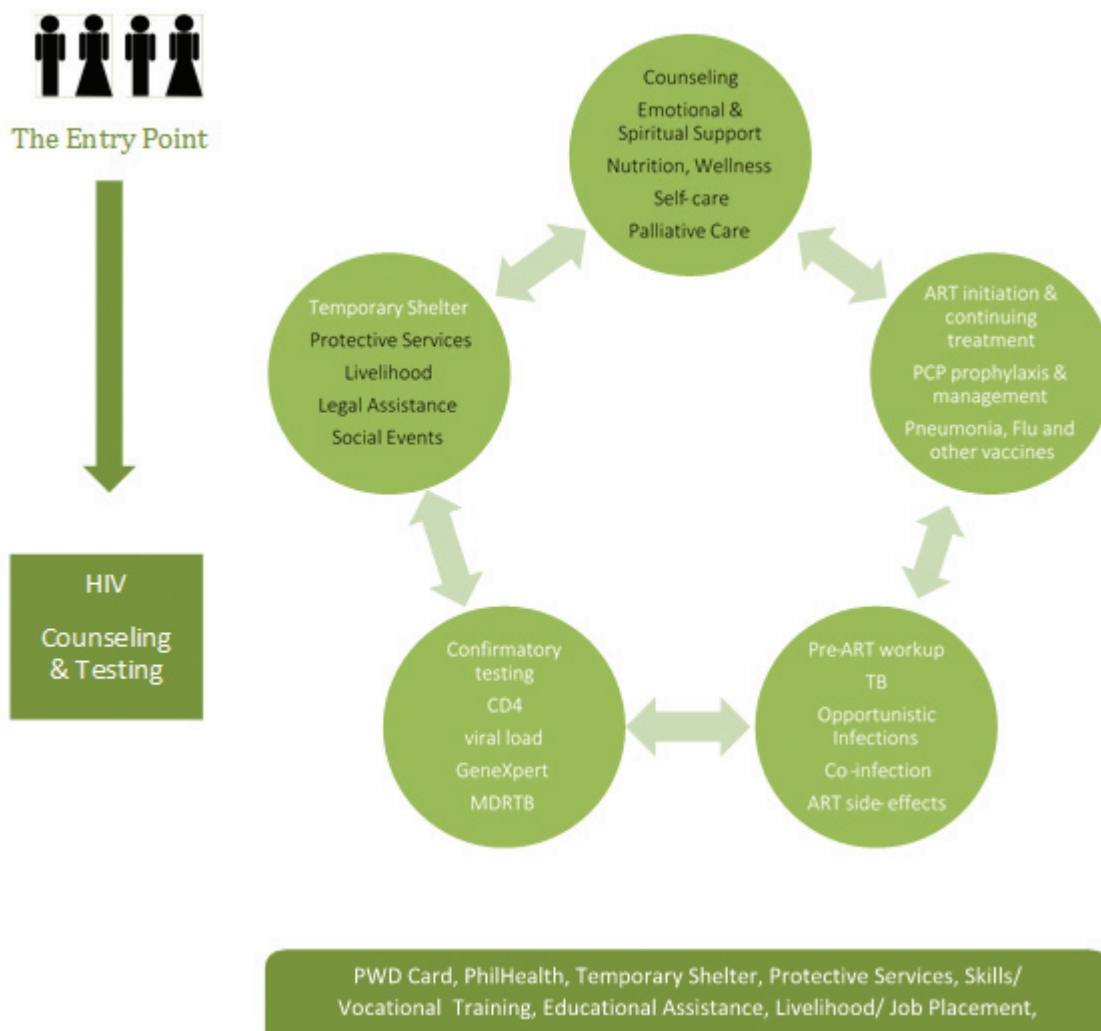
The first service clients access is HIV counseling and testing (HCT). Clients with an HIV-reactive result are brought into the Continuum of Care, beginning with confirmatory testing, which is currently available only in a tertiary care facility. Persons confirmed to be HIV positive then need CD4, viral load, and GeneXpert tests, all available only in tertiary care facilities such as San Lázaro Hospital (SLH), Research Institute for Tropical Medicine (RITM), and the Philippine General Hospital (PGH). Prior to starting Anti-retroviral Treatment (ART), other baseline laboratory tests and screening for opportunistic and co-infections may be accessed from secondary and primary care facilities. ART is available from primary care facilities such as Klinika Bernardo (KB) and Bernardo Social Hygiene Clinic (BSHC). Some tertiary hospitals outside QC, such as SLH, RITM, and PGH also provide continuing ART.

People living with HIV also need home care and community-based services, which, though currently limited, are provided by the Quezon City Social Services Development Department (QC-SSDD) and partner NGOs. These services include emotional support and counseling, self-care empowerment, assistance with transport to referral sites, food and income support, end-of-life (hospice) care and future planning and support for children and other family members.¹

Services shown in the Continuum of Care (Figure 3) can be accessed from different points or stages many times. People living with HIV often need simultaneous access to several levels of care to obtain holistic and comprehensive services for better quality of life. The Continuum of Care creates an enabling environment of mutual trust and support between and among the people living with HIV and the service providers which facilitates access to various support services.

¹ Family Health International. 2007. *Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific: a Toolkit for Implementers*. Bangkok

**Figure 3. Continuum of Care Framework of Services
for People Living with HIV in Quezon City**



ART-Anti-retroviral treatment, CD4- type of white blood cell that fights infection, GeneExpert- test for tuberculosis detection, MDRTB-multi drug resistant tuberculosis, PCP-Pneumocystis pneumonia, TB-tuberculosis.

Note: Services in gray font are not currently available in existing Service Delivery Network members. Steps are being undertaken to make these services available to People Living with HIV to fill the gaps in the provision of adequate services. Table 1 categorizes services in terms of setting and type (medical and psychosocial). Further down, Table 3 lists the medical and psychosocial services provided by each Service Delivery Network member agency or organization. These tables need to be updated as agencies/ organizations expand their services and new facilities become members of the Service Delivery Network.

Services for People Living with HIV

Based on their needs, People living with HIV require different types of services. These services can be categorized as medical and psychosocial. Table 1 lists the ideal services needed by People living with HIV. Not all these services are available in current member agencies/ organizations, but the Service Delivery Network aims to expand to include facilities that will fill the gaps in the continuum of care.

Table 2. Services for People Living with HIV

Setting	Type of Support	
	Medical	Psychosocial
Primary Care	Anti-retroviral therapy initiation Anti-retroviral therapy continuation & monitoring PCP prophylaxis & management Vaccines (pneumococcal, flu) HIV Counseling and Testing Health education (HIV 101)	Psychosocial counseling Peer support
Secondary Care	Pre-ART work-up (CBC, urinalysis, stool exam, RPR, Hep B, STI, pap smear) Tuberculosis diagnosis and treatment Opportunistic & co-infection diagnosis and treatment HIV Counseling and Testing	Psychosocial counseling Peer support
Tertiary Care	HIV confirmatory testing CD4 Viral load GeneXpert MDRTB management Mental health/psychiatric care HCT	Psychosocial counseling Peer support

Setting	Type of Support	
	Medical	Psychosocial
Community	HCT Health education (HIV 101)	Temporary shelter Protective Services Livelihood Legal assistance Social events (peer group activities, sports, short courses, etc.)
Home	Wellness & nutrition Self-care Palliative care	Psychosocial counseling, emotional & spiritual support (client and family) Hospice care Orphan care Alternative therapies (acupuncture, yoga)
Social Services		PWD card, PhilHealth, Protective services, Skills/ vocational training, Educational assistance, Livelihood, Job placement, Self-employment assistance, Balik Probinsya, Legal assistance
Note: CD4- type of white blood cell that fights infection, GeneExpert- test for tuberculosis detection, MDRTB-multi drug resistant tuberculosis, PCP-Pneumocystis pneumonia, PWD-Persons with disability, TB-tuberculosis		

Psychosocial counseling involves emotional and spiritual care for PLHIV and their family, including helping people living with HIV to disclose their condition to their partners and families. Peer support refers to interaction and an open line of communication with other people living with HIV to help navigate the Service Delivery Network and provide psychosocial support. Social events may include gatherings, parties, short educational courses, and sports tournaments to help ease the psychosocial burden and maintain a positive outlook in the face of challenges.

Quezon City's Response to the HIV Epidemic

Previous HIV prevention and control strategies in the city focused primarily among female sex workers with the City's social hygiene clinics responsible for implementing interventions. The changing epidemic profile, however, forced the city's response to evolve into more focused interventions for MSM. The main thrust of the response is providing HIV Counseling and Testing (HCT) in the Social Hygiene Clinics. However, to increase client access, outreach HCT is regularly made available by the Social Hygiene Clinic (SHC) in known MSM cruising areas. Furthermore, the establishment of Klinika Bernardo, a male sundown clinic, which operates from 3-11 pm, also provides access to HIV services to MSM beyond their regular working hours. Following the success of this model of service delivery, Klinika Novaliches was established along Quirino Highway, Novaliches, Quezon City. The clinic's site is near the town plaza, a highly populated area with corresponding high foot traffic. This could further increase the city's client reach.

As the Local Government of Quezon City expands its HIV response, an increasing number of people living with HIV, especially MSM, are being detected in the city's HIV testing centers. Services provided at the social hygiene clinic include HIV counseling and testing and sexually transmitted infections diagnosis. Klinika Bernardo and Klinika Novaliches provide pre-ART laboratory services for HIV+ clients including CD4 count determination, ART initiation, laboratory monitoring for those initiated on ART and management of side-effects, self-care counseling and wellness and nutrition. Other services such as TB diagnosis and treatment, treatment of other opportunistic infections, psychosocial support and other related non-health services are referred to other facilities.

The Quezon City STD/AIDS Council (QCSAC) as the principal body sets directions to the HIV/AIDS prevention and control program of the city. The revised ordinance of 2015 identifies an SDN Team that will foster efficiency in service delivery between and among its members.

The multi-sectoral Service Delivery Network is one strategy to operationalize one of the five STD/HIV/AIDS Prevention Policies embedded in the City Ordinance.

The Service Delivery Network also contributes to second strategic objective in the 5th National AIDS Medium Term Plan, i.e. to improve the coverage and quality of treatment, care, and support programs for PLHIV(including those who remain at risk and vulnerable) and their families.

Excerpt from the 5th AIDS Medium Term Plan 2011-2016

Strategic Objective 2

Treatment, Care and Support Programs: to improve the quality and coverage of the treatment, care, and support package for persons most-at-risk for, vulnerable to, and living with HIV and their affected families

Key Strategies

2.1. Develop evidence-based, targeted, and comprehensive programs/ services for treatment, care and support (TCS);

2.2. Capacitate service providers in the delivery of quality and comprehensive programs/ services on treatment, care, and support;

2.3. Provide equitable access to comprehensive programs/services on TCS through health promotion; and

2.4. Enhance the decentralized implementation of the 5th AMTP.

Service Delivery Network for People Living with HIV in Quezon City

The needs of people living with HIV, their children, and affected families span the continuum of treatment, care and support, encompassing, among others, the medical, psychosocial, economic, legal and spiritual domains and end of life care. No single agency can respond to the entire need of people living with HIV, given the wide range of services they need.

Previous consultations conducted by the Department of Social Welfare and Development (DSWD) also identified various gaps in programs and services for people living with HIV. Some agencies are not aware of their roles and/or responsibilities as stakeholders and are not willing to accommodate people living with HIV. There are few residential facilities accepting people living with HIV. Skills training and livelihood opportunities are also limited. Some service providers are not equipped with the knowledge, attitude and skills in handling or managing people living with HIV. Funding for HIV and AIDS programs are also low, affecting the services' continuity and sustainability.

Consequently, referrals are not frequently made or received from among these stakeholders. Because receiving agencies do not provide feedback on the services provided including the outcomes of these referrals, monitoring the status of the people living with HIV clients has become difficult, resulting to very limited data on clients under treatment. The DSWD consultations also showed the absence of a coordinating body at the local level, including permanent focal persons on HIV and AIDS, in the service delivery agencies/organizations.

Quezon City prioritized the strengthening of an HIV Service Delivery Network, in recognition of the importance of providing a continuum of treatment, care and support services and adequately meeting the needs of people living with HIV. It will link identified referral sites/ service providers to facilitate collaboration and coordination and maximize use of resources in responding to service delivery gaps. The localized HIV Service Delivery Network will potentially increase access of people living with HIV to needed services, helping them live normal and productive lives and significantly contribute to their family and community.

The Service Delivery Network for People Living with HIV in Quezon City is a cooperative framework through which stakeholders fulfill their obligations to protect and promote the rights of people living with HIV, their children, affected families, and significant others by coordinating strategic partnership with civil society and government service delivery agencies. It ensures a referral relationship between all levels of the concerned stakeholders and guarantees that people living with HIV, including their children and affected families, receive the best possible treatment, care and support services. Thus, the Service Delivery Network's main purpose is to provide an effective mechanism that will ensure access to a quality and timely delivery of services.

Guiding Principles of the Service Delivery Network for People Living with HIV

To guide provision of services to People living with HIV, the QC-Service Delivery Network adopts the principles in the DSWD “Referral System for Care and Support Services for PLHIV and their Families in the Community” and the Continuum of Care for people living with HIV.² Service providers should always abide by these principles.

Accountability. This ensures that actions and decisions taken by public officials are subject to oversight. Accountability guarantees that government initiatives will meet their stated objectives and respond to the needs of the community they are meant to be benefiting, thereby contributing to better governance and poverty reduction.³

Best Interest of the Child. Enshrined in the 1989 United Nations Convention on the Rights of the Child, this means that the totality of the circumstances and conditions are most congenial to the survival, protection and feelings of security of the child and most encouraging to his/her physical, psychological and emotional development. It also means the least detrimental, available alternative for safeguarding the growth and development of the child.⁴

Confidentiality and Right to Privacy. The management and handling of information relevant to the people living with HIV and their families must conform to the highest ethical and professional standards in case management and referral. No identifying information should be released to the media and the public. Any disclosure of any information must be with the consent of people living with HIV and ensure that his/her privacy is protected.

Empowerment of the people living with HIV to make decisions for herself/himself. This is the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situation.⁵ The focus is on enhancing the innate strengths and capacities of the people living with HIV to make decisions for herself/himself, assisting her/him to secure access to and control over needed resources and to acquire knowledge and skills to function independently. The service provider should ensure that systems are in place to educate and empower people living with HIV to make informed decisions.

Gender Equality. This means that all human beings are free to develop their personal abilities and make choices without the limitations set by strict gender roles; that the different behavior, aspirations, and needs of women and men are considered, valued and favored equally.⁶

Informed Consent. This refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, conveyed verbally, or expressed indirectly.⁷ Service providers should always secure the informed consent of the person living with HIV for every referral.

2 Family Health Inc. 2007. Scaling Up the Continuum of Care for People Living with HIV in Asia and the Pacific: A Tool Kit for Implementers, Bangkok

3 World Bank Institute. Accountability in Governance. <http://siteresources.worldbank.org/PUBLICSECTORANDGOVERNANCE/Resources/AccountabilityGovernance.pdf> Accessed 12 July 2015).

4 Supreme Court of the Philippines. 2000. Rule on Examination of a Child Witness. Manila

5 Brenda DuBois & Karla Krogsrud Milley. 1996. Social Work: An Empowering Profession. Mass.: Allen and Bacon

6 Women's Media Circle. 2006. The Ultimate Pinoy Advocate's Glossary on Gender and Sexuality. Quezon City.

7 Philippine Congress. 1997. RA 8504 “The Philippine AIDS Prevention and Control Act of 1998.” Manila.

Meaningful and Greater Involvement of People Living with HIV. Refers to the full participation of people living with HIV, their families and significant others throughout the helping process and that all actions that will affect their welfare should ensure the active and informed engagement of people living with HIV. Together with their families and children when appropriate, people living with HIV can be effective partners in the promotion and protection of their rights and well-being.

Networking and Linkages. Refers to a strong active link with other components such as HIV and AIDS prevention and treatment and a vast coordinated network of service providers at all levels that are crucial to the effective achievement of the intervention goals for the wellbeing of the people living with HIV, their children, families and communities.

Non-discrimination. The equal treatment of an individual or group, irrespective of their particular characteristics. This is used to assess apparently neutral criteria that may produce effects which systematically disadvantage persons possessing those characteristics.⁸

Rights-Based Approach. This is a conceptual framework for human development. It upholds the human being as the subject and object of development. It is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It establishes the relationship between person and the State. Moreover, it seeks to develop a key capacity—the capacity to make claims and demand accountability—needed by the poor and marginalized to overcome poverty, marginalization, and vulnerability. Under the rights-based approach, the state, as the principal duty-bearer, has primary obligations to perform, to address violations (direct action or failure to act) and come up with preventive actions (no full enjoyment hence objectively prevented from enjoying the right) of the duty bearers.⁹

Goals and Objectives of the Service Delivery Network for People Living with HIV

The SDN's goal is to obtain the highest quality care, treatment, assistance and protection to all PLHIV, their children and affected families to improve their quality of life. Its general objectives, pursuant to the AMTP 5, are to improve coverage; quality of treatment and care; and provide support programs for PLHIV (including those who remain at risk and vulnerable) and their families. Its specific objectives, which are the basis for the SDN's monitoring and evaluation framework, include:

1. Increasing the proportion of people living with HIV adherent to therapy;
2. Decreasing the proportion people living with HIV lost to follow-up;
3. Reducing the number of deaths due to AIDS; and
4. Strengthening the tracking and feedback mechanism between and among concerned agencies.

⁸ <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/NONDISCRIMINATIONPRINCIPLE.htm>

⁹ Economic, Social and Cultural Rights – Asia. 2008 B. Beyond Informality, Claiming Dignity: A Training Course for Capability Building of Leaders and members of Informal Sector Organizations, Quezon City Philippines.

The Service Delivery Network's roles within the Quezon City Sexually Transmitted/HIV/AIDS program are to:

1. Facilitate and expedite the provision of services to meet the various needs of people living with HIV while protecting their privacy and confidentiality of information;
2. Ensure that appropriate services are provided and meet the needs of people living with HIV;
3. Identify gaps in services and steps to be taken to bridge these gaps; and
4. Recommend policies to the QCSAC to improve availability, accessibility, and quality of services for people living with HIV.

Monitoring & Evaluation Framework

The SDN's impact is measured by an increase in the coverage and an improvement in the quality of treatment, care, and support programs for persons living with HIV (including those who remain at risk and vulnerable) and their families. This requires many other programming elements and cannot be attributed solely to the SDN. Thus, this is measured routinely as part of the QCHD STD/HIV/AIDS program assessment. Table 2 lists the monitoring and evaluation indicators, data sources, and frequency of reporting.

As the coordinating agency, the QCHD is responsible for collating data from the primary sources and reporting them annually. The SDN M&E report will form part of the regular agenda of the QCSAC at the Local Health Board presided by the Mayor.

Table 2. Monitoring and Evaluation Framework

Specific Objectives	Indicator	Definition	Primary Source of Data	Person Reporting	Frequency of Reporting
Increase adherence to therapy	Proportion of PLHIV adherent to therapy	Numerator: Number of registered PLHIV who have collected their ARV drugs from the treatment hubs every month during the past 3 months Denominator: Number of PLHIV registered in treatment hubs	Treatment registry	Treatment hub focal person	Quarterly

Specific Objectives	Indicator	Definition	Primary Source of Data	Person Reporting	Frequency of Reporting
Decrease lost-to-follow-up	Proportion of PLHIV lost to follow up	Numerator: Number of registered PLHIV who have not reported to primary care facility or treatment hub in the past 3 months Denominator: Number of PLHIV registered at entry points (primary care facilities or treatment hubs)	Treatment registry Clinic registry	Treatment hub focal person Clinic focal person	Quarterly
	Proportion of clients that are “retrieved/re-integrated”	Numerator: Number of previously lost-to-follow-up (have not reported to primary care facility or treatment hub in the past 3 months) that reported to primary care facility or treatment hub this quarter Denominator: Number of lost-to-follow-up reported during the previous quarter	Treatment registry Clinic registry	Treatment hub focal person Clinic focal person	Quarterly
Reduce the number of deaths due to AIDS	Proportion of client deaths recorded	Numerator: Number of deaths reported Denominator: Total number of PLHIV enrolled in the treatment within SDN	SHC/ Sundown clinics and SDN database	Treatment hub focal person Clinic focal person	Quarterly

Specific Objectives	Indicator	Definition	Primary Source of Data	Person Reporting	Frequency of Reporting
Strengthen the tracking and feedback mechanism between and among concerned agencies.	Proportion of successful referrals ¹⁰	<p>Numerator: Number of referral forms coming from a referring agency that are accepted by the receiving agency</p> <p>Denominator: Number of referrals needed/ referral forms sent out</p>	Referral registry and feedback forms	Focal person in referring agencies	Quarterly
Note: PLHIV-People living with HIV, SCH-Social Hygiene Clinic, SDN-Service delivery network					

Services Available from Service Delivery Network Members

SDN members have services all along the continuum of care. Many facilities offer more than one type of service. Some facilities offer services which may fall under other settings in the continuum of care, e.g., San Lazaro Hospital provides a confirmatory HIV test, which is tertiary or specialized care, but they also provide ART initiation and continuing treatment, which is also provided in primary care service delivery points.

Medical Services. Medical (prevention, diagnosis, and treatment) services for PLHIV include a range of client-centered services that provide clients with timely and coordinated access to medically appropriate levels of health services, continuity of care, ongoing assessment of the client's and other family members' health needs. Medical services also includes inpatient case management that prevents unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Medical Services available in the SDN for PLHIV member hospitals/clinics are in Table 3.

¹⁰

Counted in number of referrals, not a headcount (not number of individuals referred)

Table 3. Medical Services Provided by SDN Member Agencies/Organizations

Medical Services	Agency/Organization							
	KB/KN	BSHC	QCGH	EAMC	LCP	SLH	PGH	RITM
HIV I01	√	√						
HCT	√	√	√	√	√	√	√	√
HIV confirmatory testing						√		
CD4							√	√
Viral load						√	√	√
GeneXpert					√	√	√	√
Pre-ART work-up	√	√	√	√	√	√	√	√
ART initiation	√	√				√	√	√
ART continuation & monitoring	√	√				√	√	√
PCP prophylaxis & management	√	√				√	√	√
Vaccines	√	√	√	√	√	√	√	√
TB diagnosis and treatment			√	√	√	√	√	√
MDRTB management			√	√	√	√	√	√
Other opportunistic & co-infections			√	√	√	√	√	√
Management of ART side-effects	√					√	√	√
Mental health/psychiatric care			√	√			√	
Wellness & nutrition	√							
Self-care	√							
Palliative care							√	

Note:

ART-Antiretroviral treatment, BSHC-Bernardo Social Hygiene Clinic, CD4- type of white blood cell that fights infection, EAMC-East Avenue Medical Center, GeneExpert- test for tuberculosis detection, HCT-HIV counseling and testing, KB-Klinika Bernardo, KN- Klinika Novaliches, LCP-Lung Center of the Philippines, MDRTB-multi drug resistant tuberculosis, PCP-Pneumocystis pneumonia, PGH-Philippine General Hospital, QCGH-Quezon City General Hospital, RITM-Research Institute for Tropical Medicine, SLH-San Lazaro Hospital, TB-tuberculosis,

√- Service provided

Psychosocial Services. PLHIV have many non-medical needs that can affect their adherence to treatment, well-being, and ultimately their survival. These include community and family support and home care. Clients needing non-health services (e.g., education, skills training, livelihood, job placement, legal assistance, and protective services) will be referred to the Social Services Development Department (SSDD) Case Manager who will then facilitate subsequent referrals to appropriate government agencies. SSDD also provides psychosocial counseling, transportation and other financial assistance. Additional community services are also provided by the AIDS Society of the Philippines, Pinoy Plus Association, Philippine Red Cross (PRC)-Quezon City Chapter, Positive Action Foundation Philippines (PAFPI) and the Camillian's Woodwater Center for Healing.

The PLHIV needs to maintain good health until they are ready to start ART, including effective positive preventive services. Once they begin ART, they continue to require care to stay healthy and minimize side effects. Home care services such as palliative care, nutrition, values and spiritual enrichment, routine care of PLHIVs at home are provided by SDN member-NGOs. Psychosocial Services available in the SDN for PLHIV member agencies or institutions are in Table 4.

Table 4. Psychosocial Services Provided by SDN Member Agencies/Organizations

Psychosocial Services	Agency/Organization						
	PPA	PAFPI	TCF-WCH	ASP	FPOP	PRC-QC	SSD-QC
Psychosocial counseling (emotional & spiritual support)	√	√	√	√			
Peer support	√	√		√			
Temporary shelter		√					√
Protective Services						√	√
Livelihood, Job placement, Self-employment assistance							√
Legal assistance		√					√
Social events	√	√	√	√	√		
PWD card							√
PhilHealth							√
Skills/vocational training							√
Educational assistance							√

Psychosocial Services	Agency/Organization						
	PPA	PAFPI	TCF-WCH	ASP	FPOP	PRC-QC	SSD-QC
Balik Probinsya							√
Legal assistance		√					√
Hospice care/ home care							
Orphan care							√
Alternative therapies	√	√	√				

Case Management Approach

After post-test counseling, a newly diagnosed HIV+ client is assisted to determine eligibility for ART, which includes recommended baseline laboratory examinations such as CD4 count determination in Klinika Bernardo. Still within the facility, the client's physical, psychosocial, financial, emotional and social needs are also assessed to facilitate proper and timely referral to partner institutions and agencies within the SDN. Although these coordinated activities link clients to health care services, psychosocial and other supportive services, there are instances wherein problematic cases arise that necessitate further review and actions to improve the PLHIV's quality of life.

The case management approach is a strategy utilized in primary care facilities (Social Hygiene Clinics and Sundown Clinics) that provide sexually transmitted infections (STI) Diagnosis, HIV Counseling and Testing, and ART to newly diagnosed HIV+ clients. This approach will mimic the roles and functions of the HIV/AIDS Core Team (HACT) of the Tertiary Treatment Hubs. As a strategy, it aims to increase initiation, retention and adherence to treatment among PLHIV.

The case management approach intends to provide:

1. Early access to and maintenance of comprehensive health care and social services.
2. Improved integration of services provided across a variety of settings.
3. Enhanced continuity of care.
4. Greater participation and improved optimal use of health and social service system.
5. Increased knowledge on management and progression of the HIV infection.
6. Reinforced positive health behaviors, personal empowerment, and improved quality of life of people living with HIV and AIDS.

7. Creation of a city-level HIV and AIDS case management committee and facility-level case management team (such as in the SHCs and Sundown clinics) to oversee the clinical and psychosocial management of HIV+clients, especially those MSM and transgender (TG) clients.

The HIV-AIDS Case Management Committee

The HIV Case Management Committee (HACMC) shall be organized by the Quezon City Health Department (QCHD) to deliberate on HIV cases that were identified or considered as important by the case management team. These are cases deemed to have significant impact on current or existing guidelines related to HIV and AIDS but not limited to medical interventions. Similarly, cases elevated to this committee may affect or influence decision makers on the directions of the HIV response of the city.

The City Health Officer of the QCHD will chair the HACMC, to be assisted by the STI/HIV Program Coordinator. Collaborative programs such TB-HIV and PMTCT may be represented in the committee by its respective program coordinator. Representatives from the National HIV-AIDS and STI Prevention and Control Program (NASPCP) and Philippine National AIDS Council (PNAC) will be invited. Technical inputs from various NGOs and International Development Partners will be solicited if necessary or warranted.

In organizing the meeting for the deliberation of the HIV-AIDS Case Management Committee, the STI/HIV Program Coordinator will conduct a meeting with the case management team to assess for probable “difficult case/s for discussions.” Upon careful assessment of the case by the HIV Program Coordinator, a decision will be made if this shall be elevated or not to the Committee.

The Committee deliberation will be scheduled depending on the availability of the majority of its members. The Committee’s majority decision will be considered as final and must be followed by the case management team.

Furthermore, the HACMC may recommend policies that can be adopted by the Quezon City STI/AIDS Council.

The Case Management Team

The Case Management Team will be organized in all Social Hygiene Clinics and Sundown Clinics (Klinika Bernardo and Klinika Novaliches). Each team will have the following members:

- Case Management Team Leader
- Case Management Coordinator
- Anti-retroviral Therapy Nurse Coordinator
- Facility-based MSM Peer Educator/s
- HIV focal person from Social Services Development Department

The Case Management Team is expected to meet regularly twice a month or more if necessary to:

1. Review the uptake of Voluntary HIV Counseling and Testing of the clients.
 - Number of voluntary counseling and testing (VCT) among MSM/transgenders.
 - Number of Tested Reactive
 - Number of Confirmed HIV Positive with confirmatory results
 - Number of completed baseline laboratory including cd4 count.
 - Number of eligible for anti-retroviral therapy
2. Review management of HIV + MSM and transgenders with a particular focus on facilitating:
 - a. Initiation of anti-retroviral therapy
 - number of newly initiated to anti-retroviral therapy;
 - pregnant women;
 - TB case;
 - under five (5) years old;
 - with opportunistic infections and CD4 count less than 500
 - b. Adherence to treatment measured through number of loss to follow-up versus number of adhering to treatment
3. Review individual MSM risk-reduction plans with a particular focus on encouraging:
 - a. partner notification
 - b. consistent condom use
 - c. non-sharing of injecting paraphernalia
4. Discuss and propose or recommend solutions on how to deal with or manage “difficult” HIV+ MSM.
5. Identify and discuss “success” stories, and utilize the lessons learned in the case management of other HIV+ MSM.
6. Discuss status of referrals to other facilities
7. Prepare a monthly report.

The Case Management Team Leader

The Case Management Team Leader will be the Medical Officer assigned in every facility.

Roles and Responsibilities of Case Management Team Leader

1. In-charge with the medical management of HIV positive clients including initiation to anti-retroviral therapy and management of adverse reactions and or opportunistic infections.
2. Monitors adherence of clients to anti-retroviral therapy.
3. In-charge of referral and follow-up of clients to other partner institutions or agencies or hospitals.
4. Identify difficult cases to be discussed in the case management team meetings.
5. Schedule the regular meeting of the team.
6. Submits report of the case management team meetings to the City Health Officer through HIV program coordinator.
7. Identify cases and prepare report of a difficult case to be raised in the Case Management Committee.
8. Attend CMC deliberations of identified cases.

The Case Management Coordinator

The case management coordinator will be the Public Health Nurse of the social hygiene clinic and Sundown Clinics. The CMC must have training on HIV counseling and testing, behavioral change communication, ART and adherence, and motivational interviewing.

Roles and Responsibilities

1. Facilitate the provision of in-house clinic services (e.g. HIV Counseling and testing, sexually transmitted infections diagnosis and treatment) including baseline laboratory workups and prophylaxis to newly diagnosed HIV clients;
2. Prepare the necessary referral to members of the Service Delivery Network in consultation with the case management team leader, if necessary;
3. Ensure that the family, and if available, designate a facility-based MSM Peer Educator to accompany referred clients to needed services in identified Service Delivery Network member agencies;
4. Follow-up status of referred clients;
5. File Individual Client Record (ICR) for safekeeping against unauthorized access, attaching the client's behavior or treatment plan generated from the Motiv8 session;

6. Encode data to the client database;
7. Update the database of clients for succeeding Motiv8 sessions;
8. Suggest “problematic” cases for discussion in the Case Management Committee in consultation with the facility-based MSM PEs;
9. Act as Secretariat of the Case Management Committee Meetings:
 - Coordinate and organize committee meetings twice a month;
 - Facilitate the meeting with the chairperson of the committee;
 - Regularly update and prepare documentation of cases for the meetings; and
 - Keep record of the minutes and documentations of the meeting.

The Anti-retroviral Therapy Nurse Coordinator

The Anti-retroviral Therapy Nurse Coordinator shall be a Public Health Nurse of the social hygiene clinic and Sundown Clinics. The Anti-retroviral Therapy Nurse Coordinator must have training on HIV counseling and testing, behavioral change communication, ART and adherence, and motivational interviewing.

Roles and Responsibilities of ART Nurse Coordinator

1. Assist the case management team leader with the medical management of HIV+ clients including initiation to anti-retroviral therapy and management of adverse reactions and or opportunistic infections;
2. Prepare the anti-retroviral therapy treatment plan of newly diagnosed HIV client in consultation with CMT leader and CMC;
3. Monitor availability of anti-retroviral therapy drugs and other logistics;
4. Coordinate with District Pharmacist for the proper recording and reporting of clinic’s medical supplies including anti-retroviral therapy;
5. Prepare monthly inventory report;
6. Prepare monthly anti-retroviral therapy report; and
7. Perform the roles and responsibilities of the case management coordinator in case he or she is absent.

The Facility-based Peer Educators

The Facility-based Peer Educator shall be the trained peer educators in the SHCs or sundown clinics. He must be trained in peer education, HIV counseling and testing, behavioral change communication, ART and adherence, and motivational interviewing.

Roles and Responsibilities of Facility-based Peer Educators

1. Identify problematic cases or clients during motivational interviewing;
2. Alert CMT leader or CMC regarding potential difficult case;
3. Assist the CMC in making the client health plan;
4. Assist the CMC in sending appropriate message to specific clients using the TXTBRO application; and
5. Participate in the CMT meetings and discussions.

The Social Worker from the Social Services Development Department

A trained social worker will be included in the team. He or she must be likewise trained in HIV counseling and testing.

Roles and Responsibilities of Social Worker

1. Provide psychosocial counseling as needed by the clients;
2. Assess client's eligibility to social services available in the city;
3. Assist clients in accessing these social services;
4. Provide expert opinion/ inputs during case management team meetings; and
5. Act as guardian in the case of a minor without parents or relatives identified.

People living with HIV and their caregivers are active participants in defining their needs and seeking options to meet these needs. They work collaboratively with the Case Management Coordinators/Case Manager, to link them to health care, psychosocial and other supportive services. Based on the decision/choices of the people living with HIV, the CMC in the primary care facility and CMT from the SSDB facilitates timely and coordinated treatment, care and support services in partnership with other member institutions/agencies of the HIV SDN.

Referral System

Referral, in the context of the Service Delivery Network for people living with HIV, is the process by which immediate client needs for comprehensive HIV care and supportive services are assessed and clients are helped to gain access to services, such as setting up appointments or giving directions to facilities. These referrals should include reasonable follow-up efforts to facilitate contact between service providers and to solicit clients' feedback on satisfaction with services. The **referring agency** is the organization that first makes the referral and is also sometimes called the point of initiation of the referral. The **receiving agency** is the organization to which the client is referred for services and is also sometimes called the organization that fulfilled the referral. A successful referral is when the receiving agency accepts the referral and provides the client with the services they need.

Members of the SDN will use standardized referral forms to ensure that the same essential information is provided whenever a referral is initiated, and that this information is received by the agency/organization fulfilling the referral. The forms specifically state the services needed by the PLHIV. The referring agency/organization should follow up with the receiving agency/organization and with the PLHIV on the service/s provided. The receiving agency/organization must also give feedback to the referring agency/organization.

The following are recommended steps in referring clients to the Service Delivery Network for people living with HIV:

- Accomplish Intake Sheet (Form 1A) and/or Client Card (Form 1B). These forms may differ from facility to facility.
- Identify additional medical or psychosocial support needed. Outline the various options available and help the client choose the most suitable in terms of distance, cost, office hours, and services.
- Discuss shared confidentiality and support client on what information may be shared and with whom. Client consents to disclosure of their HIV status to the receiving agency.
- Give the client the referral request (Form 2H or 2S), the name of case manager, contact numbers and address of Receiving Agency. Make sure client has all the documents and any fees needed at Receiving Agency.
 - Form 2H is used when the receiving agency is a hospital or similar facility providing medical services
 - Form 2S is used when the receiving agency is an NGO or government office providing psychosocial and other support services

- Document the referral in the referring agency's referral registry (Form 4). A standardized referral registry is one way of documenting referrals. Make a note in the client's file, follow-up and monitor the referral and expect to receive a feedback from the receiving agency (Form 3) and the client. A written feedback must be done by the receiving agency/organization on the status of service delivery and other pertinent information. The feedback from the people living with HIV must be sought whether s/he is satisfied with the service received and whether her/his needs were met. The client retains a copy of Form 3 as a personal copy of her/his records.
- Continue services on follow-up. Assess periodically the achievement of the goals and make adjustment as necessary.

Figure 4 illustrates the steps in the referral process and the corresponding referral forms to be used.

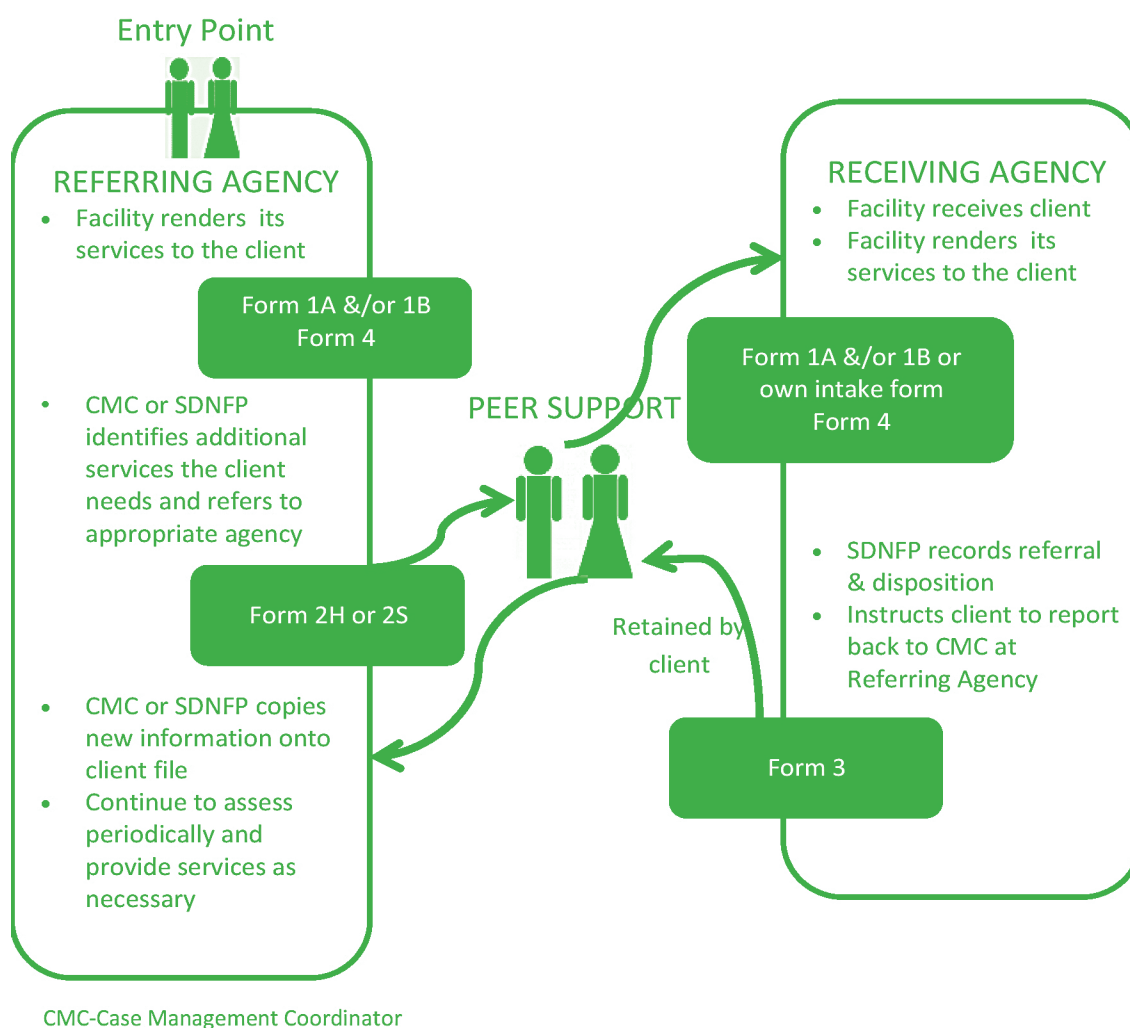
Peer support is provided throughout, guiding the client through the what, when, where, who, and how of the referral process.

Service Delivery Network focal persons should give all service providers and managers in their agency/organization a proper orientation on the Service Delivery Network referral process and forms. The HACT team will validate the feedback forms. The Coordinating Agency will ensure there is proper distribution and adequate supply of forms in every Service Delivery Network facility. Referral Forms are found in Appendix C

Emergency Referrals. There may be instances when an immediate referral is needed outside of office hours or on holidays, such as the emergence of life-threatening symptoms. In these cases, a well-established communication network is valuable. Clients may contact their primary physician or CMC to identify the appropriate Receiving Agency. Receiving hospitals will accept emergency cases even without a Form 2H. The primary physician or CMC of the Referring Agency will complete Form 2H and forward it to the Receiving Agency as soon as possible. The Receiving Agency will, in turn, complete Forms 3 and 4 prior to the client's discharge, following the regular referral system.

Figure 4: The Referral Process and Corresponding Forms

Referral Process and Corresponding Forms





Organizational System

To operationalize of the Service Delivery Network for people living with HIV in Quezon City, the following necessary elements will be put in place:

1. **Coordinating Agency**

A specific agency/organization or unit in the network serves as the locus of responsibility for the network and its performance at the city level. The QC Health Department holds the mandate for this role.

The Quezon City Health Officer will Chair the Service Delivery Network for people living with HIV with the Quezon City Health Department fulfilling the tasks as the coordinating agency for health service referrals, and the SSDD the focal point for other non-health services referrals.

The Quezon City Health Department will be responsible in convening regular meetings of the Service Delivery Network for people living with HIV, working with members to:

- Assess achievement of goals and provision of services to specific clients
- Assess and address gaps in services and other challenges in the system
- Update the Service Delivery Network for people living with HIV Directory
- Refine standardized Service Delivery Network for people living with HIV tools and forms
- Perform quality assurance for the Service Delivery Network for people living with HIV

2. **Directory of Member Agencies/Organizations and its Services**

The directory provides an inventory of agencies/organizations (e.g., GOs, NGOs, community-based organizations, and faith-based organizations), their location and contact information, and name of designated and alternate focal persons. It lists services available in each agency, geographical coverage, clinic days and hours, and any fees or requirements needed to avail of services. Individual specialists or experts or volunteers may be included in the directory. Collectively, these members provide comprehensive services to meet the needs of PLHIV, their families, and significant others. This directory facilitates referrals by making it easy to get information on available services within and outside Quezon City. The Directory of the Service Delivery Network for people living with HIV in Quezon City can be found in Appendix A.

Each Service Delivery Network member agency/organization designates a focal person. The focal person is responsible for the efficient and prompt processing of referrals, such as tracking and documenting referrals and attending network meetings. S/he may also be the direct service provider in his/her own agency/organization (e.g., HACT focal person). The list of focal persons is in Appendix B.

While the Service Delivery Network for people living with HIV in Quezon City aims to serve all HIV+ clients, operationalization began with HIV+ MSM clients in Klinik Bernard. HIV+ MSM in other SHCs and other HIV+ client groups (e.g., female sex workers or FSW) will be phased-in over time.

3. Secretariat

The Secretariat organizes regular Service Delivery Network meetings, prepares the venue, materials, and other logistics. It takes minutes of the meetings and ensures these are communicated to all members.

The Service Delivery Network members assemble monthly to monitor the functionality of the network, troubleshoot any problems encountered, and promote collaboration and commitment to the referral process. The Quezon City Health Department, as the coordinating agency, will designate a Secretariat among the member agencies and organizations of the Service Delivery Network. The Secretariat may rotate among the various agencies and organizations.

The functions of the Secretariat are:

- Keep an updated directory of focal persons
- Send reminders of monthly meetings
- Coordinate with the Quezon City Health Department to prepare the meeting agenda
- Take attendance and minutes of the meeting

Member agencies and organizations will rotate/take turns in hosting meetings and providing a venue, food, and materials as needed.

4. Capacity Building

The Service Delivery Network also serves as a venue for sharing program experiences. Learning across agencies and organizations helps identify gaps in the medical and psychosocial services within the Continuum of Care and actions to address these gaps. The Service Delivery Network can also discuss issues of quality and define capacity building and other mechanisms to improve treatment, care, and support for People living with HIV.

Annexes

A. Directory of Member Agencies and Organizations

Agency/Organization	AIDS Society Of the Philippines, Inc (ASP)		
Address	2F OTM Bldg. #71 Scout Tuazon St. Brgy South Triangle QC		
Contact Numbers	376-2541/4100204		
Head/President Director	Dr. Jose Narciso Melchor Sescon Maria Cecilia Anonuevo, RSW, Exec Director		
Focal Person for SDN	Jose Bacani M Velasco		
Contact numbers	09277436292		
Email	Asp.tfm@gmail.com		
Alternate Focal Point			
Contact numbers			
Email			
Geographical Coverage	National		
Clientele Served	Gen Population		
Services Provided	Service Hours	Fees	Pre Requisites
DSP Clinic (Private) - Testing and Counselling	Testing : Sat 1pm to 9pm Doctor: Sat 5pm to 9pm Counselling M-F: 9-5 pm		Call 09178264266
ASP - Training and Post Graduate Course Resource Center			

Agency/Organization	Batasan Social Hygiene Clinic		
Address	# 1 IBP Road Cor. Commonwealth Ave. Barangay Batasan Hills QC		
Contact Numbers	3436910; 09228012958/ 09287849043		
Head/President Director	Xeres A. Sabarre, MD		
Focal Person for SDN	Xeres A. Sabarre, MD		
Contact numbers	3436910; 09228012958/ 09287849043		
Email	xeres@yahoo.com		
Alternate Focal Point	Adelyn Krisell		
Contact numbers	09321363674, 09232790558		
Email			
Geographical Coverage	District II Quezon City		
Clientele Served	MSM, registered or freelancer FSW, MSW		
Services Provided	Service Hours	Fees	Pre Requisites
VD	8	65 for establishment fee	Free for walk-ins
VCT	8	Fee	
RPR wet mount			
KOH			

Agency/Organization	The Camillus Father's Woodwater Center for Healing (TCF-WCH)		
Address	St. Camillus Provincialate 18 Nicanor Reyes St. Varsity Hills Loyola Heights, Quezon City		
Contact Numbers	(02)9264137; 09064720397		
Head/President Director	Fr. Dan Cancino Jr., M.I		
Focal Person for SDN	Gerlita Condino-Eurera; Rommell Legwes		
Contact numbers	Same as the above		
Email	girlie642002@yahoo.com		
Alternate Focal Point	Rommell Legwes		
Contact numbers	09064652030		
Email	rlegwes@yahoo.com		
Geographical Coverage	QC, NCR and National		
Clientele Served	MSM, trafficked women, youth/students, PWID and MARPS		
Services Provided	Service Hours	Fees	Pre Requisites
VCT			
Psycho-spiritual support			
Referral			

Agency/Organization	East Avenue Medical Center (EAMC)		
Address	East Avenue QC		
Contact Numbers	(02) 9280611 local 288		
Head/President Director	Roland Cortez, MD		
Focal Person for SDN	Marilyn Barza, MD		
Contact numbers	09175051923		
Email	marilynbarza@gmail.com		
Alternate Focal Point	Reynaldo Torres, MD		
Contact numbers	09178102335		
Email	Reytorres1956@yahoo.com		
Geographical Coverage			
Clientele Served	Hospital patients		
Services Provided	Service Hours	Fees	Pre Requisites
Medical			

Agency/Organization	Family Planning Organization of the Philippines (FPOP)		
Address	# 50 Dona Hemady St. New Manila Quezon City		
Contact Numbers	7226466		
Head/President Director	Dr. Jonathan Flavier		
Focal Person for SDN	Ms Susan Mantua		
Contact numbers	09178430100/9204223		
Email	Chcc_tsora@yahoo.com		
Alternate Focal Point	Charm dela Cruz		
Contact numbers	09074728282		
Email	Charmdelacruz2530@yahoo.com		
Geographical Coverage	Quezon City		
Clientele Served	Quezon City residence		
Services Provided	Service Hours	Fees	Pre Requisites
Pre and post HIV Testing	8 am – 5 pm Monday to Friday	Free for age 15-24 MSM TG; Donation	

Agency/Organization	Klinika Bernardo		
Address	Ermin Garcia St. Brgy. Pinagkaisahan cr. Edsa Cubao		
Contact Numbers	09175811178/0922028626		
Head/President Director	Dr. John Leonel Ruiz, MD. PHD		
Focal Person for SDN	Castillo, Albert Milton		
Contact numbers	09175811178		
Email	Castillo_milton25@yahoo.com		
Alternate Focal Point	Mark Galla		
Contact numbers	0932 295 9752		
Email	markgalla88@gmail.com		
Geographical Coverage	National		
Clientele Served	All clients		
Services Provided	Service Hours	Fees	Pre Requisites
VCT	All services 3pm-11pm Monday to Friday	NA	
Basic Laboratories for PLHIV/clients (CBC Urinalysis sputum RPR, Gram Staining CD\$ Counting Consultation for PLHIV (Pre ARVs) Initial ARVs- follow up check up			Confirmatory results
Motiv8 Session			
Management of TB distribution of PTB meds			Confirmed TB client
Provision of ARVS			Eligible for ART
Diagnosis of Management of STIs			

Agency/Organization	Lung Center of the Philippines (LCP)			
Address	Quezon Ave, QC			
Contact Numbers	09267398000			
Head/President Director	Dr. Jose B. Danguillan			
Focal Person for SDN	Belinda B.Villanueva			
Contact numbers	9246107-30 local 387			
Email	Bcb_54@yahoo.com			
Alternate Focal Point				
Contact numbers				
Email				
Geographical Coverage	National			
Clientele Served	TB, MRDTB XRDTB			
Services Provided	Service	Service Hours	Fees	Pre Requisites
Medical				

Agency/Organization	Philippine Red Cross- Quezon City Chapter		
Address	Gate 5 Quezon City Hall compound, Kalayaan Avenue, Diliman QC		
Contact Numbers	4332151/52 local 204/ fax: 9203672		
Head/President Director	Ms Annie Domingo Torres, RN		
Focal Person for SDN	Janice Melody D Adolfo, RN		
Contact numbers	09283620514		
Email	Adolfojanice_qcrc@yahoo.com		
Alternate Focal Point	Ruben Claravall, RN		
Contact numbers	09258836677		
Email	Rubenclaravall_qcrc@yahoo.com		
Geographical Coverage	QC		
Clientele Served	Indigents, children, elderly, PWDs, PLHIV		
Services Provided	Service Hours	Fees	Pre Requisites
Blood Service Blood Donation/ blood request	8-5pm 24/7	Depends upon the assessment of SOS U/B- 1000 Prbc- 1,100 Frozen Plasma- 700 Platelets 700 Apheresis- 12,000	18-60 years old Undergo screening/ physical Name of Patient Name of Hospital Type of Blood Component of Blood
Safety Services First Aid and Ambulance Services	Mon-Sat 8-5pm 24/7	Social Service Assessment	Medical Cert. Letter Request
Disaster Risk Management Service Disaster Management Training	3 days	Depends	
Community Health and Nursing Services - HIV 101 and HIV TOT	1-2 hours 3 days	none	

Agency/Organization	Pinoy Plus Association Inc		
Address	1965 JRB Building Anacleto St. Sta Cruz, Manila		
Contact Numbers	09158447494; 7437293		
Head/President Director	Mr. Eddy Razon		
Focal Person for SDN	Mr Arubah “Jhun” Hadjirul Jr.		
Contact numbers	09277809854		
Email	arubah.hadjirul@gmail.com		
Alternate Focal Point			
Contact numbers			
Email			
Geographical Coverage	National		
Clientele Served	PLHIV including affected families and significant others		
Services Provided	Service Hours	Fees	Pre Requisites
Counselling: Psycho-social Counselling; Peer Counselling	Monday to Friday 9-5 pm	Membership fee for PLHIV who wants to be member of the PPA New- 100 Renewal- 50	
Referral System (to Treatment hub, DSWD, other agencies concern and HIV program)	Last saturday of the month 9-4pm		
HIV 101 (Basic STI, HIV and AIDS Information)			

Agency/Organization	Positive Action Foundation Philippines Inc. (PAFPI)		
Address	2613 Dian St. Malate Manila Philippines 1004		
Contact Numbers	567-3506/ 359-9594		
Head/President Director	Joshua CT. Formentera		
Focal Person for SDN	Roberto M. Ruiz		
Contact numbers	567-3506/ 359-9594; 09258927859		
Email	rmcruz1107@yahoo.com/pafpiorg@gmail.com		
Alternate Focal Point	Aureo de Castro		
Contact numbers	567-3506/ 359-9594; 4042911		
Email	pafpiorg@gmail.com		
Geographical Coverage	National		
Clientele Served	All PLHIV,AF , SO and GP		
Services Provided	Service Hours	Fees	Pre Requisites
Temporary Shelter	3 days		
Counselling	9 am – 5pm		
Facilitate Referrals to all the needs of PLHIVs/AF	9 am -5pm		
Home/Hospice Visits	9 am -5pm		
Capacity Building –Trainings(HCT and TOT)	Call PAFPI-FP Aureo de Castro		
STI HIV and AIDS Information Lecture	Call PAFPI-FP Aureo de Castro		

Agency/Organization	Quezon City General Hospital (QCGH)		
Address	Seminary Road Edsa Brgy. Bahay Toro		
Contact Numbers	4261316/4261321		
Head/President Director	OIC, Dr. Josephine Sabando		
Focal Person for SDN	Milma B. Laxina, RN, Sarah Novela RSW		
Contact numbers	09264015339		
Email	mblaxina@hotmail.com		
Alternate Focal Point	Sarah Novela		
Contact numbers	09173270229		
Email	sarafruto@gmail.com		
Geographical Coverage			
Clientele Served	SICK		
Services Provided	Service Hours	Fees	Pre Requisites
Pathology-Laboratory - Blood Hema	24		Doctor Request

Agency/Organization	Social Services Development Department		
Address	Molave Bldg. QC Hall		
Contact Numbers	926 9344/ 9241412/9271588		
Head/President Director	Ms Maria Teresa m. Mariano- Dept. Head		
Focal Person for SDN	Salvacion T Cion		
Contact numbers	926 9344/ 9241412/9271588		
Email			
Alternate Focal Point			
Contact numbers			
Email			
Geographical Coverage	WHO QC Dist I- Dist 6		
Clientele Served	Residence of QC		
Services Provided	Service Hours	Fees	Pre Requisites
PWD ID	8 am – 6 pm	None	Certificate of residency picture and referral
PhilHealth Medical Financial			
Legal Assistance			
Skills Training			
Capital Assistance			
Job Placement			
Educational Assistance			
Transportation			
Temporary Shelter			

B. List of Focal Persons for SDN for PLHIV in Quezon City

Agency/Institution	Focal Person	Contact Information	Alternate	Contact Information
AIDS Society of the Philippines	Mr. Jose Bacani M. Velasco	info@aidphil.org asp.tfm@gmail.com 0927 743 6292		
Batasan Social Hygiene Clinic	Mr. Xeres A. Sabarre	xeres@yahoo.com 343 6910 0922 801 2958 0928 784 9043	Ms. Adelyn Krisell	0932 136 3674 0923 279 0558
The Camillus Father's Woodwater Center for Healing (TCF-WCH)	Gerlita Condino-Eurera	girlie642002@yahoo.com 926 4137 0906 472 0397	Rommel Legwes	rlegwes@yahoo.com 0906 465 2030
East Avenue Medical Center	Dr. Marilyn Barza	marilynbarza@gmail.com 0917 505 1923	Dr. Reynaldo Torres Pathologist	reygtorres1956@yahoo.com 0917 810 2335
Family Planning Organization of the Philippines (FPOP)	Ms Susan Mantua	Chcc_tsora@yahoo.com 0917 843 0100 920 4223	Charm dela Cruz	Charmdelacruz2530@yahoo.com 0907 472 8282
Klinika Bernardo-QCHD	Albert Milton Castillo	Castillo_milton25@yahoo.com 09175811178	Mark Galla	markgalla88@gmail.com 0932 295 9752

Agency/Institution	Focal Person	Contact Information	Alternate	Contact Information
Klinika Novaliches-QCHD	Dr. Melchor Gabagat	melgabagat@gmail.com 0920 951 6595	Mr. Edwin Canezal	edwincanezal@yahoo.com 0906 210 6540
Lung Center of the Philippines	Ms. Belinda Villasencio	bcb_59@yahoo.com 0926 739 8000 924 6107-30 local 387		
Positive Action Foundation Philippines, Inc.	Mr. Roberto M. Ruiz	pafpiorg@gmail.com rmcruz1107@yahoo.com 567 3506 359 9594 0925 892 7859	Aureo de Castro	pafpiorg@gmail.com 567 3506 359 9594 404 2911
Philippine Red Cross- Quezon City Chapter	Ms. Janice Adolfo	adolfojanice_qcrc@yahoo.com 0928 362 0514	Ruben Claravall	Rubenclaravall_qcrc@yahoo.com 0925 883 6677
Philippine General Hospital	Dr. Jodor Lim/ Ms. Dominga Gomez	sagip.unit@gmail.com ; minggomez7@yahoo.com 09396258730		
Pinoy Plus Association	Mr. Arubah "Jhun" Hadjirul	arubah.hadjirul@gmail.com 09277809854		
Quezon City General Hospital	Ms. Milma B. Laxina	mblaxina@hotmail.com 0926 401 5339	Ms. Sarah Jane F. Novela	09173270229 sarahfruto@gmail.com

Agency/Institution	Focal Person	Contact Information	Alternate	Contact Information
Research Institute for Tropical Medicine	Dr. Rosanna Ditangco	raditangco@yahoo.com 0917 807 1797		
San Lazaro Hospital	Dr. Rosario Jessica Tactacan-Abrenica	rtactacanabrenica@yahoo.com 309-9543		
Social Services Department Department of Quezon City (SSDD-QC)	Ms. Salvacion T. Cion	926 9344 924 1412 927 1588 0916 253 7960		

C. Referral Forms

Form IA

Form IA – Standard Intake Form

Instructions *This form should be completed by fully trained and designated staff of the implementing agency. Original copy shall be maintained in implementing agency and shall form part of the client's records. Any information contained herein and the rest of the records of the client shall be considered classified information. No information from this Form shall be shared to anyone except when needed and as may be authorized. Attach additional pages with continued narrative, if needed. Information must be encoded in the Referral Registry system.*

Date of Intake: _____

Case No. _____

I. Identifying Information

Name: _____ (AKA, if any): _____

Sex: _____ Age: _____ Civil Status: _____ Date of Birth: _____

Place of Birth: _____

Complete Permanent Address: _____

Provincial: _____

City Address (zone number, if any): _____

Highest Educational Attainment: _____

Contact No/s: Mobile Phone: _____ Landline: _____

Email Address (if any): _____

If the client is minor, name of parent/guardian/custodian: _____

Relationship to the client: _____

II. Problem Presented

III. Background of the Case

IV. Initial Assessment/Impression

V. Intervention Plan

VI. Evaluation/Recommendation

PAHINTULOT NG KLIYENTE (*INFORMED CONSENT*)

Ang mga nabanggit na impormasyon ay pawang katotoohan at kusang loob kong ibinigay, at ito ay maaring maibahagi sa ibang ahensya na makakatulong sa ikabubuti ng aking kasalukuyang kalagayan o kondisyon.

Nilagdaan ko ngayong _____, sa
tanggapan ng

Pangalan at Lagda

Prepared by:

Name and Signature of Service Provider

Designation

Form IB – Individual Client Record (Klinika Bernardo)



Klinika Bernardo
Quezon City Health Department



Unique Identification Code #: _____

PhilHealth #: _____

Contact #: _____

Laboratory #: _____

To be filled up by the BHW or attending PE			
Name			Sex
<i>Surname</i>	<i>First name</i>	<i>Middle name</i>	
Alias/ Nickname		Birthdate	Age
Addresses			
Residential			
Establishment			
Province			
No. Of Children		Last Menstruation (for female clients)	
Risk Factors	<input type="checkbox"/> RFSW <input type="checkbox"/> RMSW <input type="checkbox"/> MSM <input type="checkbox"/> CLSW <input type="checkbox"/> multiple sex partners		
	<input type="checkbox"/> Others, specify: _____		
Name of Spouse/ Partner			Sex
<i>Surname</i> <i>name</i>	<i>First name</i>	<i>Middle</i>	Age

To be filled up by the CMC

Past Sexual History	History of STI
<p>Did you use condoms during your last anal sex with a male partner? ✓Yes ✓No</p> <p><i>(Ask every visit of MSM/TG clients)</i></p>	

To be filled up by the physician

Date	Clinical Notes	Remarks

Form 2H – Referral to Hospitals

**Form
2H**

Instructions This form should be accomplished when referring client to a hospital or similar facility. Be specific on what types of services are requested.

Note For Referring Agency (RefA) - Please be reminded to attach appropriate documents to complete the referral. Seal the envelope containing this form and the documents, and then give it to the client and instruct him/her to give bring it to the Receiving Agency (RecA). After completing this form, enter client data in your agency's Referral Registry (Form 4).

CHECKLIST OF INFORMATION TO GIVE TO CLIENT

- ☐ Reason for referral
- ☐ Receiving facility and address
- ☐ Focal person and alternate in receiving facility
- ☐ Service hours
- ☐ Documents to bring (e.g. lab results, x-ray plates, PhilHealth card)
- ☐ Fees, if any
- ☐ Form 2S or 2H

Date of referral		
Receiving agency (RecA)		
Contact person in receiving agency		
Reason for referral		
Specific services requested		
Client's Name	Age	Sex
Occupation	Educational Attainment	
Civil Status	Number of Children	
Address		
Phone No.		
Name of Guardian (if minor)		
Clinical Abstract (use additional pages if necessary)		
Clinical Management		
Recommendation		
Treatment Outcome and Follow-up		
Date of Discharge		
Referred by	Signature over printed name	
Position/ designation		
Referring agency (RefA)	Phone No.	
Address of referring agency		

Form 2S – Referral to Support Services

**Form
2S**

Instructions This form should be accomplished when referring client to a non-hospital organization providing psychosocial, community, or home support. Be specific on what types of services are requested

Note For Referring Agency (RefA) - Please attach appropriate documents to complete the referral. Seal the envelope containing this form and the documents, and then give it to the client and instruct him/her to give bring it to the Receiving Agency (RecA). After completing this form, enter client data in your facility's Referral Registry (Form 4).

CHECKLIST OF INFORMATION TO GIVE TO CLIENT

- ☐ Reason for referral
- ☐ Receiving facility and address
- ☐ Focal person and alternate in receiving facility
- ☐ Service hours
- ☐ Documents to bring (e.g. lab results, x-ray plates, PhilHealth card)
- ☐ Fees, if any
- ☐ Form 2S or 2H

Date of referral		
Receiving agency (RecA)		
Contact person in receiving agency		
Reason for referral		
Specific services requested		
Client's Name	Age	Sex
Address		
Phone No.		
Name of Guardian (if minor)		
Referred by <small>Signature over printed name</small>		
Position/ designation		
Referring agency (RefA)	Phone No.	
Address of referring agency		

Form 3 – Feedback Form

**Form
3**

Instructions This form should be completed by the Receiving Agency (RecA) after provision of requested services which must be forwarded to the Referring Agency (RefA). The inclusive dates of provision are needed both at the initial contact and succeeding services. The last column is to be filled up only by the case manager of client. This form may be given to the client in a sealed envelope or sent to the RecA through courier or other means.

Note The information on this form, particularly in the Services Provided field, will be part of the National Care and Support Services Databank (NCSSD), thus accuracy of information is imperative.

CHECKLIST OF INFORMATION TO GIVE TO CLIENT

- ☐ Reason for referral
- ☐ Receiving facility and address
- ☐ Focal person and alternate in receiving facility
- ☐ Service hours
- ☐ Documents to bring (e.g. lab results, x-ray plates, PhilHealth card)
- ☐ Fees, if any
- ☐ Form 2S or 2H

TO: (Referring Agency)						
Name of Focal Person/Contact Person:						
Address:						
FROM: (Receiving Agency)						
Name of Focal Person/Contact Person:						
Address:						
Name of Client			Age	Sex	Address	
Date referred						
Services Requested	Services Provided	Name of Service Provider/s and Designation	Inclusive Dates of Provision		Other Pertinent Information such as Problems Encountered	Client's satisfaction feedback (Only for case managers)
			Initial	Update		

Form 4 – Referral Registry

Instructions Each facility should keep a Referral Registry book in a confidential place. Record all clients that are served by or referred to your facility. After accomplishing the individual intake form (Form 1A or 1B) and referral (Form 2H or 2S), enter the relevant information in this Referral Registry. As part of monitoring and evaluation, each agency will report total number of clients seen, most common reasons for referral, and referring agencies during SDN meetings.

Form 4

CHECKLIST OF INFORMATION TO GIVE TO CLIENT

- ☐ Reason for referral
- ☐ Receiving facility and address
- ☐ Focal person and alternate in receiving facility
- ☐ Service hours
- ☐ Documents to bring (e.g. lab results, x-ray plates, PhilHealth card)
- ☐ Fees, if any
- ☐ Form 2S or 2H

Facility: _____

Date of Referral	No.	Client Name or Code	Reasons for Referral (Specific Services)	Referring Agency	Date of Admission	Date of Discharge	Disposition	Remarks
	1							
	2							
	3							
	4							
	5							