ALTERNATIVE LINKAGE TO TREATMENT, ENGAGEMENT AND RETENTION TO CARE (ALTER): **Reconnect and Recharge (R&R)**

A Manual of Strategies
for a Community-led Psychosocial Approach
for Lost to Follow-Up PLHIVs

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COPE HIV
Communities Operationalizing
People-centered HIV response

ABOUT THIS DOCUMENT

This manual is a guidance document for the implementation of Alternative Linkage to Treatment, Engagement, and Retention (ALTER), a community-led psychosocial intervention for lost to follow-up people living with HIV (LTFU PLHIVs) to return to treatment, access available services and support mechanisms, and adhere to life-saving antiretroviral therapy. It contains strategies for addressing LTFU outside the traditional institutional biomedical approach drawing from the firsthand experience and expertise of PLHIVs.

This document was developed by Dawaw MAAI, a PLHIV-led support group in Mindanao at the forefront of rights-based implementation of HIV responses for PLHIV and other key populations (KPs), with support from Action for Health Initiatives, Inc. (ACHIEVE) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) as part of the Operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems, and Investments Project.

The PLHIV community, considered worldwide as holders of knowledge and innovators of strategies that have the potential to reverse the epidemic, has a long history of improving local, national, and global responses to HIV. They do this by tapping into their own experiences, using organic flows of communication, coming up with situational, programmatic, and structural analyses using their unique community lens, and implementing strategies to facilitate the wellbeing of PLHIVs and KPs on the ground with and without external support. This history is hoped to be continued by Dawaw MAAI through the ALTER Project.

The contents of this manual were drawn from the results of a two-day reflexive participatory writeshop that sought to draw out the unique perspective and expertise of Dawaw MAAI individual members as well as the organizations' collective vision and practice before translating them into a manual format. This manual is expected to evolve further as the organization continues to learn and innovate through each batch of ALTER implementation.

The manual's intended users are other PLHIV-led support groups or KP-led organizations with similar initiatives in their localities. In instances where the users of the manual do not form part of PLHIV or KP communities, such as the case of treatment hubs, government agencies, local or international funders, and other institutional partners in the HIV response, it is imperative that any LTFU linkage initiative following the contents of this document be preceded by reflexive participatory discussions recognizing the primacy of PLHIV and KP inputs, and the diversity and intersectionality of their identities and specific contexts. These discussions must be conducted with the wellbeing of participants in mind, while mindful that hierarchical power relations do not dictate decision making, and in keeping with human rights-based standards including PLHIVs and KPs right to freedom from both overt and covert forms of discrimination.

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ACRONYMS

ACHIEVE	Action for Health Initiatives, Inc.
AIDS	Acquired immunodeficiency syndrome
ALTER	Alternative Linkage to Treatment, Engagement, and Retention
ARV	Antiretroviral
CHOW	Community health outreach worker
CM	Case manager
CSWDO	City Social Welfare and Development Office
Dawaw MAAI	Dawaw Mindanao Advocates Association, Inc.
DSWD	Department of Social Welfare and Development
GIDA	Geographically isolated and disadvantaged areas
HIV	Human immunodeficiency virus
IEC	Information, Education, and Communication
KP	Key populations
LTFU	Lost to follow up
M&E	Monitoring and evaluation
MOU	Memorandum of Understanding
MSM	Men who have sex with men
PLHIV	Persons living with HIV
RHWC	Reproductive Health and Wellness Center
SDN	Service delivery network
SPMC	Southern Philippines Medical Center
TG	Transgender
UIC	Unique identification code
UNAIDS	Joint United Nations Programme on HIV/AIDS

ABOUT DAWAW MAAI

Dawaw Mindanao Advocates Association Inc., (Dawaw MAAI formerly known as MAAAI) is a PLHIV-led support group founded in 2008. Initially providing support for PLHIVs in Davao City, the organization has expanded its reach to the whole of Mindanao, advocating for a rights-based approach in the HIV response.

The organization has served as the PLHIV representative in the Davao City Local AIDS Council (LAC) since 2011, working with the government and partners in concert with affected communities, to advance the welfare of PLHIVs and the evolving concerns of the community, and help facilitate their access to quality HIV prevention, treatment, care, support and other services, such as social protection.

Dawaw MAAI envisions a safe, accepting and well informed society free from stigma and discrimination, positioning itself at the forefront of human rights-based HIV response for PLHIVs and other key populations (KPs) in Davao City and Mindanao. Its mission is to promote the human rights and overall well-being of PLHIVs and KPs through a holistic approach of providing psychosocial and health related support. Members of the organization embody their social and organizational vision and express them too as personal aspirations, making the wellbeing of PLHIVs everywhere and freedom from stigma and discrimination anywhere cornerstones of their personal lives and community work.

The organizations' members are PLHIVs with diverse identities whose expertise lie in their firsthand experience of diagnosis, contemplating enrollment and/or re-enrollment to treatment, and treatment adherence, as well as of various and intersecting issues faced by PLHIVs. They are also trained and experienced in HIV Counseling and Testing, Peer Counseling, Peer Education, Mental Health Triage, and Case Management including ARV adherence counseling for fellow PLHIVs. Many members of the support group are also engaged as Case Managers in local treatment hubs while others perform this role on their own time as part of the support group. These combined positions Dawaw MAAI as an important actor in the HIV response both locally and nationally.

THE ALTER PROJECT

In 2022, Dawaw MAAI, as part of the Operationalizing the Community Agenda for Enabling People-Centered HIV Policies, Systems and Investments Project implemented by Action for Health Initiatives, Inc. (ACHIEVE), obtained access to resources and technical assistance to further their cause in their locality. The overall goal of the project is the greater and more meaningful engagement of the community in the country's HIV response.

This was timely as the increase of support groups in Davao City and Mindanao has sparked conversations about how they can further contribute to the HIV response. As an organization considered to be a partner of treatment hubs in Davao City–the Southern Philippines Medical Center (SPMC) and the Reproductive Health and Wellness Center (RHWC)–Dawaw MAAI sought to consult the two on how they could maximize the support provided by working together. Through discussions, in recognition of the context in the localities, and with the acknowledgement that community organizations are in the best position to find and re-engage PLHIVs whose antiretroviral (ARV) treatment had been interrupted (also termed lost to follow-up or LTFU), it was determined that Dawaw MAAI could best use their resources, network and expertise as a PLHIV-led support group to help bring LTFU PLHIVs back to treatment.

LTFU is defined in this manual as PLHIVs who a.) tested positive but did not enroll to treatment, and b.) tested positive, enrolled to treatment but has not come back to the facility for ARV refill for at least one (1) month.

As of October 2022, according to the data from the SPMC, there were 874 LTFU PLHIVs in Davao City. While treatment hubs have available HIV services, including ARV medication that effectively keeps PLHIVs from developing acquired immunodeficiency syndrome (AIDS), there are no programmatic interventions led by the government whether locally or nationally to bring back LTFU PLHIVs to treatment. Neither are there dedicated government resources nor personnel to help address this major gap in the HIV response.

For the first round of implementation, Dawaw MAAI aimed to reach approximately 10% of the total number of LTFU PLHIVs (80) and for 50% of those engaged (40) to be enlisted in the ALTER Reconnect and Recharge (R&R) activity and re/enrolled in treatment.

Community-led strategy: Alternative linkage

Dawaw-MAAI's work with treatment hubs in Davao City enabled them to understand the following process for identifying LTFU PLHIVs in their locality. LTFU status is determined via checking and cross checking of treatment hub databases or master lists, ideally done once a month. For those diagnosed who did not enroll in treatment, the master list of reactive and confirmed cases is checked against the master list of enrolled PLHIVs. For those whose treatment were interrupted, the master list of enrolled PLHIVs is checked for individuals who missed an ARV refill schedule; if they have not come back for a period of one (1) month since their last scheduled visit, they will be tagged as inactive or LTFU.

The resulting names from the checking and cross checking are then put into a separate list. Contact information other than client addresses are not included in previously mentioned databases, thus the next task is to pull the individual client charts to match the LTFU names with their last known contact numbers. This workload falls on case managers employed in treatment hub facilities across the country, but not all

treatment hubs have case managers in their employ; more information is needed on how LTFU cases are handled in such facilities.

Once a list of LTFU individuals and their contact information has been drawn up, the responsibility of contacting them falls again on the case manager. It has become a usual practice for case managers to prioritize LTFU PLHIVs whom they personally know to maximize their time and effort in following up. After attending to familiar faces, they move on to reach out to the others with care that they are not distressed further by the attempts at a follow-up. In cases where a PLHIV who has graduated from case management (after six (6) months to one (1) year of treatment adherence) becomes LTFU, they are assigned to a different case manager who then becomes in charge of following them up. In the absence of formal protocols or standards employed within the HIV program, the strategies employed in reaching LTFU PLHIVs are based on the discretion and initiative of each case manager.

Case managers, however, are notoriously overworked in their facilities–due to the high volume of clients, time-pressured deliverables, and performance of other facility-based duties assigned to them–leaving them with not enough time, energy, resources, nor support in finding and engaging LTFU PLHIVs who are in need of their services the most. In the midst of other responsibilities, PLHIV counseling and wellbeing checks–the central role of case managers–become in danger of neglect. Thus, the usual approach ends with an overloaded case manager who has little choice but to hope for a response from an LTFU PLHIV so that they can use their adherence counseling skills, and then wait for them to re-enroll into treatment.

There are also community case managers who work outside these facilities; however they do not have direct access to the master list and client files. Thus, collaboration between facility-based and community-based case managers becomes necessary to find and engage LTFU PLHIVs. In this regard, it is imperative, from Dawaw MAAI's perspective, that protective mechanisms for personal and confidential client information be put in place, as guided by existing human rights, data privacy, and confidentiality laws and standards.

Dawaw MAAI recognizes that PLHIVs who tested positive through self-testing who have not taken steps toward treatment, and PLHIV minors who have been prevented from enrolment due to their age are also in need of being found and engaged. In recognition that these types of cases require more specialized competencies and strategies, this manual is limited to catering to LTFU cases caught from routine facility database checks, and LTFU PLHIVs 18 years old and above.

The strategy of taking the task of finding and engaging LTFU PLHIVs out of the clinics and into the hands of the community intends to fill in the gaps of the response at the institutional level. Dawaw MAAI asserts that one's health is not only a personal responsibility, but a collective one, and that injecting LTFU PLHIVs with a sense of community would do wonders for their well-being. Further, it would ease the burden on facility-based case managers, equip community-based case managers, peer navigators, and CHOWs with contact information they previously had no access to, and foster stronger collaboration between facility- and community-based HIV workers.

Psychosocial approach: Reconnect and recharge (R&R)

In their long years of working with PLHIVs, Dawaw MAAI has observed that most LTFU PLHIVs who return to treatment have already developed adverse conditions, with some cases being too advanced that the available treatment and medical technologies could do little to no help. Cases of AIDS, health deterioration, and HIV-related deaths persist despite medical developments in the field of HIV treatment making the ARV medicines of today the most effective it has ever been in the history of the disease.

Drawing from personal experience as PLHIVs and service providers, and the experience of fellow PLHIVs and service providers with whom they engage, Dawaw MAAI understands that there are diverse and intersecting psychosocial issues, socio-cultural norms, socio-economic constraints, and structural barriers that factor into a PLHIV's decision-making with regard to treatment enrollment and/or adherence. This entails that just making services available in treatment hubs and information dissemination about the same, while helpful, are ultimately not enough to bring them to treatment and encourage adherence throughout their lifetime.

Structural barriers and socioeconomic constraints

Structural barriers to LTFU include the absence of accessible treatment hubs in many localities. There are PLHIVs who live in geographically isolated and disadvantaged areas (GIDA), from where even transportation could be either inaccessible or very costly. In these cases, simply accessing treatment hubs would already pose a loss of financial resources or economic opportunities. In localities where there are treatment hubs, they are usually understaffed and under-resourced. This poses even more of a challenge when a PLHIV would need to access medical services in more than one facility such as the case when they have acquired opportunistic infections or have other comorbidities.

It is not only those who live in GIDAs who suffer economic loss when attempting to access treatment; transportation and financial costs are a concern even for PLHIVs who live in urban or central areas. HIV treatment is also cited as a barrier to economic productivity when a PLHIV has to divide their time, energy, and resources between work and accessing treatment. Even with the dispensing of free ARV, accessing treatment can still be difficult when a PLHIV experiences socio-economic constraints rampant in many developing countries like the Philippines. These include lack of finances allotted beyond basic personal or family needs, a lack of livelihood options or opportunities, and a lack of access to even the most basic social protection services. Accessibility is even more of an issue when a PLHIV has or develops physical disabilities, such as hearing or visual impairments, or limited mobility and facilities are not designed or equipped enough to handle their specific accessibility needs.

Even with the advances in ARV medicines, the task of managing HIV treatment is still not an easy one. Side effects experienced by PLHIVs on treatment may discourage adherence. Finding the most appropriate treatment regimen for a PLHIV based on their individual needs also requires their time, effort, and patience as well as the competence and client-centeredness of service providers. Being asymptomatic is another reason that a PLHIV could discontinue treatment; without physical ailments, accessing treatment may fall behind one's priorities especially when other life concerns, such as earning a living for ones' self and one's family, seem more pressing.

For transgender PLHIVs on gender-affirming hormone therapy (GAHT), it is a major concern that taking ARV could reduce the concentration of GAHT. This issue is pressing especially in cases where GAHT enables a transgender PLHIV to experience life-saving gender euphoria. ARV can still be taken together with GAHT but

PLHIVs on both regimens would need closer care of health service providers. Close monitoring helps ensure that transgender PLHIVs can receive the fullest possible effects and GAHT while on ARV. This is a challenge, however, when treatment facilities and medical professionals are unable to provide quality gender-affirming HIV services.

Social and cultural norms

While structural and socio-economic barriers affect people differently based on where they live, physical abilities, and socio-economic status, all are subject to the same social and cultural norms that contribute to becoming LTFU. For those already experiencing the former, the stigma and discrimination further exacerbates their situation. For those who are privileged in terms of the structural and socio-economic barriers, the latter remains a threat to their wellbeing.

Upon diagnosis and throughout treatment, a PLHIV might go through thought processes that could endanger their enrollment to or continued treatment. What feeds these thought processes are dominant or popular messages in society that devalue identities (men who have sex with men, transgender persons, women, youth) and stigmatize activities (sexual intercourse, sex work, drug use) associated with HIV. This devaluation and stigmatization occur with or without the association of HIV and other sexually transmitted infections but with it, they are gravely exacerbated.

These external messages of devaluation and stigmatization live in the minds and bodies of those who are or have been at its receiving end. These messages may form integral parts of one's upbringing and thus greatly affect the development of one's personhood, including the way they see and value themselves. While there have been many strides made towards equal treatment of all persons of all identities, as well as towards more neutral/positive attitudes and safer approaches developed around stigmatized human activities, these are still minority voices compared to the culturally embedded negative views on these very human traits and activities. Gender-based violence, stigma and discrimination, and withholding of economic opportunities, social services and support, still remain dominant approaches used in society towards populations historically affected by HIV.

Psychosocial issues

When these external messages are internalized, as they often are, they can result in psychosocial issues such as denial, guilt, shame, loss of confidence, anxiety, depression, loss of interest in living, self-sabotage, self-harm, suicidal ideation, and suicidal attempts–all barriers to treatment enrollment and/or adherence when experienced by PLHIVs. These thought processes based on external social messages do not only affect how a PLHIV might treat themself, but they also affect how their sources of support–family, friends, loved ones, church congregations, and circles at school, work, and community–might view and treat a PLHIV. Structural and socio-economic barriers are heightened when social support is withheld from a PLHIV due to disinformation, negative perceptions, and prejudice.

Experiencing symptoms manifesting as visible bodily changes such as losing weight, appearance of sores, dryness and darkening of the skin, are also cited as reasons a PLHIV might isolate themself, stay in hiding, and stop treatment. Disclosure, encouraged for PLHIVs with the aim of getting support from their loved ones, workplaces, and communities, sometimes leads to the opposite. In settings where stigma, discrimination, negative perceptions, and prejudice on PLHIVs run high, disclosure can lead to a further erosion of support, coping mechanisms, and future opportunities, sorely needed by anyone diagnosed with a lifelong medical condition. Fear of disclosure thus also prevents PLHIVs from enrollment and/or adherence to treatment.

The immediate psychosocial effects of diagnosis also differ between individuals who are ready to get tested and find out about their status (typically, they already have some knowledge on HIV and have some expectation that they could test positive) and those who get a diagnosis by surprise (such as those who get diagnosed through partner testing, prenatal screenings, or blood donation). The latter may have more trouble accepting their status which may lead to longer delays in enrolling to treatment depending on the support they are offered, and other factors mentioned above. In cases where a PLHIV has experienced traumatic life events such as sexual and gender-based violence, patterns of abuse, workplace discrimination, or life-threatening experiences, the way these are responded to and handled could also greatly affect their self-valuation and thus their decision-making with regard to treatment enrollment and adherence.

The role of support groups

From Dawaw MAAI's perspective, treatment interruption is only one part of the life interruption that happens when a person gets diagnosed with HIV, not because of its life-threatening nature (which has already been addressed by modern ARVs) but because of how stigmatized it is and how devalued PLHIVs and KPs are in society. Being connected to a support group has greatly helped many Dawaw MAAI members accept their HIV status, understand that risk of infection and disease is part and parcel of being human, value their wellbeing, and to enroll/re-enroll to treatment.

But support groups are not formally integrated in the cascade of care. While support group members are engaged by facilities as case managers, they are not introduced to newly diagnosed or LTFU PLHIVs as a community that functions as a source of psychosocial support. The early days of Dawaw MAAI saw these kinds of engagement among PLHIV wherein they would be grouped by batches who then went through self-empowerment workshops together. This approach enabled a support group dynamic within the groups formed and greatly helped their long-term adherence to treatment.

All these coupled with an HIV response that is focused on the institutional and biomedical side of treatment results in many PLHIVs falling through the cracks of the cascade of care. Dawaw MAAI's approach of providing mental health support for LTFU PLHIVs before or as they are encouraged back to treatment intends to fill in the gaps of the biomedical approach traditionally employed in reaching PLHIVs and KPs.

The ALTER Project was conceptualized by Dawaw MAAI in recognition of the importance of addressing mental health for LTFU PLHIVs to go back and adhere to treatment. The central component of the project is the Reconnect and Recharge (R&R) activity, an overnight event designed to give LTFU PLHIVs a breather and a safe space where they can get together, share their innermost struggles, be listened to, gain a sense of community, and channel this support towards re/enrollment to treatment.

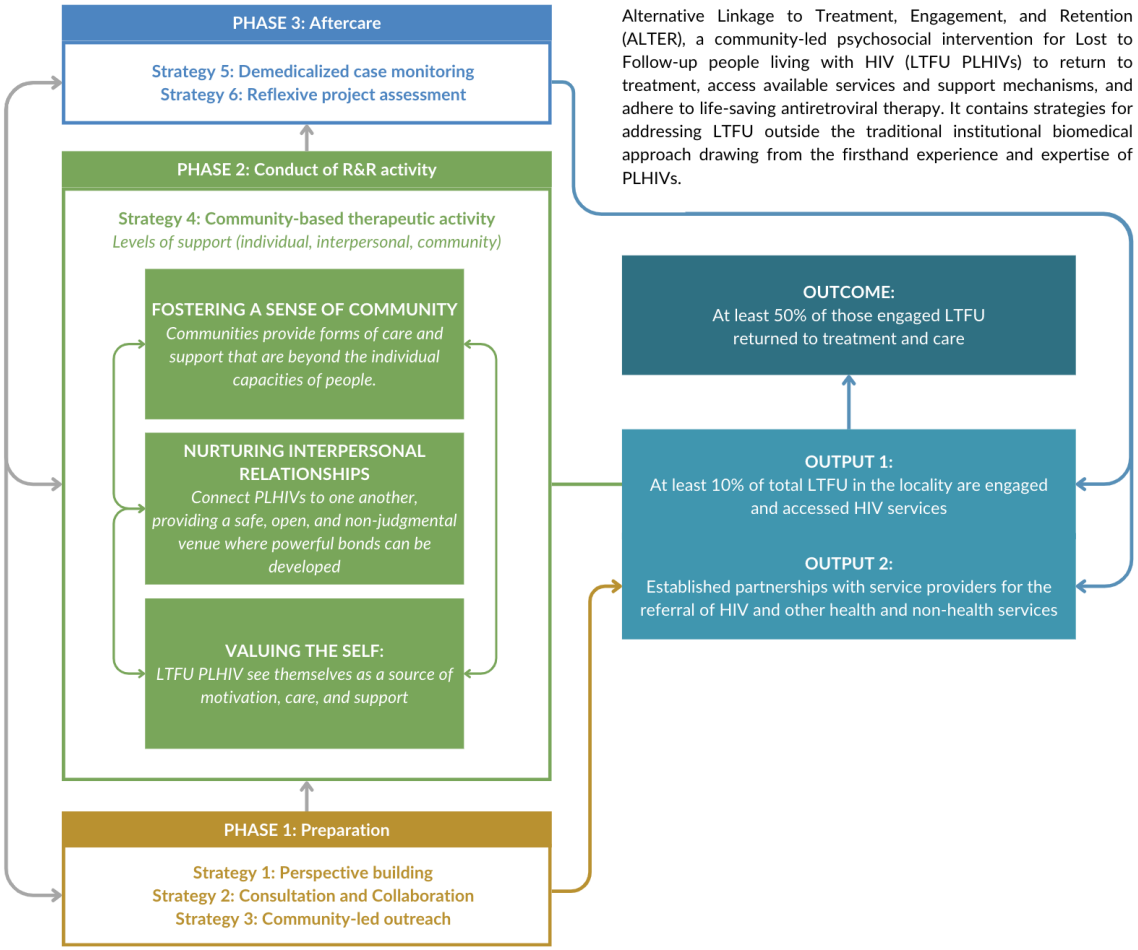
Recognizing the diverse and intersecting issues that prevent treatment enrollment and adherence, ALTER has additional components: identifying and attempting to address the specific barriers LTFU PLHIVs are facing through the provision of one-on-one peer counseling; ensuring that treatment hubs are ready to cater to LTFU clients through consultation and collaboration; and helping LTFU clients overcome non-health specific barriers to treatment through a referral mechanism for legal, psychosocial, socio-economic, and social protection services. Further, outside the scope of ALTER, Dawaw-MAAI is heavily involved in local and national consultations and advocacy efforts that aim to address major cultural and structural barriers faced by PLHIVs as a long-term solution.

MANUAL OF STRATEGIES

Overview

The ALTER Project was born out of the recognition of the community's unique position to locate and re-engage LTFU PLHIVs. PLHIV-led support groups and KP-led organizations who are committed to leveraging their resources and expertise to bring back individuals whose ARV treatment had been interrupted may do so through strategies laid out in this manual. ALTER involves a collective effort engaging community members and leaders, support groups, civil society organizations, government-run facilities, and national government agencies, along with their local counterparts who form integral parts of service delivery networks for HIV. Led by the community, this diverse coalition collaborates to contribute to the crucial task of re-engaging individuals LTFU PLHIVs through the ALTER Project.

This manual is composed of six (6) strategies spread out over three (3) phases of implementation. Phase 1 is Preparation which involves three (3) strategies namely: Perspective building, Consultation and Collaboration, and Community-led outreach. Phase 2 is the Conduct of the R&R activity which involves one (1) central strategy–Community-based therapeutic activity. Phase 3 is Aftercare which involves two (2) strategies namely: Demedicalized case monitoring and Reflexive Project Assessment.



Under Phase 1 Strategy 1: Perspective building, diverse ALTER teams are formed, selected, and equipped (as needed) with resources on counseling, mental health approaches, and ARV adherence. Strategy 2: Consultation and Collaboration focuses on engagement with local treatment hubs to ensure the availability and accessibility of quality HIV treatment services in the locality. This involves assessing the LTFU situation, setting targets, consulting with key stakeholders, and establishing partnerships with local service providers and service delivery networks. Strategy 3: Community-led outreach aims to find PLHIV LTFU and engage them through peer referral, media campaigns, and utilization of the LTFU Contact Directory.

Under Phase 2 is Strategy 4: Community-based therapeutic activity. This is where the R&R activity will be conducted using a community-based psychosocial wellbeing approach, aiming to reconnect and recharge participants for a return to treatment and care.

Under Phase 3 Strategy 5: Demedicalized case monitoring will see that participants are provided with aftercare not only with regard to their treatment but also on the psychosocial and community components of their health and wellbeing. Underlying activities in each project phase are documentation of processes and outcomes based on predefined objectives; Strategy 6: Reflexive Project Assessment is the consolidation of these internal monitoring outputs and an evaluation of the project from the implementer's perspective, laying the groundwork for potential scaling up of the ALTER project.

PHASE 1: PREPARATION

Strategy 1: Perspective building	
Objective: To form and equip an ALTER team with resources on counseling, mental health issues and ARV adherence	Forming of an ALTER team composed of people with diverse identities ● Selection process of ALTER team members ● Needs assessment ● Orientation on the Conduct of R&R activity

Implementation considerations	Actors involved: Support group members and ALTER team members Resource needs: ● Needs Assessment Guide (Annex 1) ● Training manual and presentation ● Training venue; meals, transportation, and accommodation support (as needed) Monitoring tools: Activity report and photos

Process and Activities

1. **ALTER team selection**

ALTER requires a 1:2 ratio of support group members and LTFU participants during the R&R activity. For an R&R activity with 20 LTFU PLHIVs as target participants, a 10-person ALTER team shall be formed. The criteria for selecting ALTER team members encompass a combination of lived experience, essential skills, personal qualities, and a commitment to fostering a safe and inclusive environment for all.

PLHIVs who actively participate in support groups and are part of KPs form the foundation of the team as they bring firsthand understanding and empathy to the target individuals and communities of the program. Another key aspect the ALTER team values in potential members is a demonstrated capacity for ARV adherence. This is to not only showcase their personal dedication to overall wellbeing but also serves as an inspiring example for those they seek to assist.

Team members with essential skills in conducting the R&R activity is crucial. Preference is given to candidates who practices and/or received training/s in Peer Counseling, Peer Education, Mental Health, providing first aid, and Case Management focused on ARV adherence counseling. This

ensures that team members are well-prepared to address the diverse needs of the LTFU PLHIVs to be engaged.

In terms of personal qualities, active and proactive participation is paramount. Members of the ALTER team must also show openness, both in taking in others' experiences and in sharing their own, fostering an inclusive and supportive environment. Furthermore, possessing a strong or evolving sense of self-worth is crucial. This quality empowers team members to effectively contribute to maintaining a supportive outlook in terms of treatment and care, which is crucial in the program's mission.

The ALTER team members must uphold a non-judgmental stance towards HIV, gender diversity, and maintain zero tolerance for homophobia, misogyny, transphobia, and related harmful biases. This commitment to inclusivity and acceptance is fundamental to creating a safe space for everyone. In addition, adherence to child protection policies, as well as protection policies on sexual exploitation and harassment policies, is non-negotiable. This ensures a secure environment for both team members and the individuals they serve.

2. Needs assessment

The formation of the ALTER team includes a needs assessment (see Annex 1 for guide) to identify the specific strengths and needs among potential team members. This proactive process helps empower the team members to better equip themselves for the tasks ahead, fostering a leveled-off and collaborative team environment. Support groups may utilize the insights gained in this needs assessment to customize the team's composition, aligning it with the diverse skills, experiences, and capabilities of individuals involved. This approach ensures the creation of a cohesive and well-rounded group.

In instances where skills and qualities mentioned above are assessed as insufficient from prospective ALTER team members, training, team building activities, and related perspective-building activities are recommended; allotting resources for these activities are likewise recommended. In cases where the needs assessment results indicate no need for preparatory training, the ALTER team can proceed to the next activity: Orientation.

3. Orientation on the conduct of R&R

In preparation for their roles, the ALTER team members will be provided with an orientation regarding the conduct of R&R. This activity shall serve as a foundational guide to ensure that team members are well-prepared to implement the project.

This will involve not only logistical discussions on the phases of the project and the steps to be taken for each but may also involve imparting practical strategies for effective communication, community involvement, and outreach initiatives. The orientation process aims to empower team members to successfully lead and participate in the conduct of the project throughout its duration. The content of the orientation may be culled out from the previous and following sections of this manual.

Strategy 2: Consultation and collaboration	
Objective: To ensure availability and accessibility of HIV treatment (in their locality)	Assessment of LTFU situation in the locality ● Consultation with Clients, Support Groups, and Treatment Facilities ● Introduction meeting on ALTER with treatment facilities and Service Delivery Network (SDN) members Establishing partnership with local service providers and delivery networks ● Signing of MOU for enabling and facilitating community-led response ● Creation of service providers directory (government service providers and support groups)

Implementation considerations	Actors involved: ● ALTER team ● Community members and leaders ● Treatment hub and SDN personnel Resource needs: ● Meeting venue ● Transportation and meal support ● ALTER briefer/presentation Monitoring: ● Activity report and photos ● MOU ● Service Providers Directory

Process and Activities

1. Consultation with clients, support groups, and treatment facilities

Initiating the project starts with consultations involving clients, support groups, and treatment facilities. Engaging these key communities and actors is paramount, as their insights are instrumental in ensuring that the project is not only responsive but also tailored to the actual needs and dynamics of those it seeks to serve. Additionally, gathering feedback from communities and obtaining data from treatment facilities plays a pivotal role in accurately determining the LTFU situation in the community.

This informed approach is essential for setting targets–how many LTFU individuals are there in the locality, and how many of them can be reached, engaged, and accommodated by the ALTER team given the time and resources allotted. Further, consultations may give way to defining specific interventions that need to be implemented to address the unique challenges identified during the consultation process.

In cases where support groups take the lead in initiating ALTER in their locality, they are advised to consult with the treatment facilities in the area who hold the data on LTFU. In cases where support

groups do not have existing working relationships with their local treatment hubs, or when local treatment hubs do not have PLHIV nor KP case managers in their employ, more time and resources can be allocated toward building a relationship between support groups and their treatment hubs. In cases where this is not possible due to insurmountable barriers and project limitations, PLHIV-led support groups may choose to proceed with tweaking the recommended steps outlined in this manual as they see fit to their own contexts. In these cases, detailed documentation of new/revised strategies, including the rationale for these changes, is highly recommended.

In cases where ALTER is initiated by treatment hub workers, they must begin with consultations with their clients and the PLHIV support groups or KP-led groups operating in their area, and implement the project according to the agreements to be formed during those consultations. These consultations must be done in line with the guiding principles articulated in the About the Document section of this manual. Facilities are highly encouraged to entrust ALTER implementation to PLHIV and KP-led organizations, and focus on providing them enabling mechanisms, including resources, if necessary, to conduct the R&R activity.

2. Introduction meeting with treatment facilities and SDN members

To establish effective collaboration, an introductory meeting shall be convened with treatment facilities and Service Delivery Network (SDN) members. This meeting will be part of a direct response to the feedback and insights gained from the consultation activities, ensuring that the ALTER project is well-aligned with the identified needs and issues within the community. This serves as an important step in building understanding and cooperation, laying the groundwork for a collaborative approach to addressing challenges related to client treatment and care.

ALTER includes a referral component whereby LTFU PLHIVs specific needs that could help them re/enroll and adhere to treatment are identified through peer counseling, after which they are referred to SDN members who can meet their needs. Involving the SDN members at the onset of ALTER helps ensure that LTFU PLHIVs will be provided with access to available and quality HIV, health, or social protection services.

The introduction meeting plays an important role in setting up and ensuring the effectiveness of essential structures and referral pathways related to HIV service delivery. It focuses on ensuring that identified LTFU individuals requiring both health and non-health interventions, have access to the necessary services within the service providers in the SDN. This strategic aspect enhances the effectiveness and sustainability of the ALTER project in meeting the diverse needs of the community. This meeting may also be a good venue for support groups to lobby with the treatment hubs potential strategies for preventing and addressing LTFU such as the linking of newly diagnosed PLHIVs to support groups.

3. Signing of MOU for enabling and facilitating community-led response

A highly recommended prerequisite for ALTER to proceed involves the signing of a Memorandum of Understanding (MOU) with service providers. This document signifies the recognition and facilitation of a community-led response in partnership with government and community service providers. The MOU shall outline essential aspects of ALTER implementation, foremost of which is the turnover of the LTFU Contact Directory from the facility to the ALTER Team guided by principles

of extended case management and shared confidentiality. The MOU may outline the responsibilities of treatment facilities and support groups involved in ALTER implementation as well as the points needing the collaborative efforts expected of all actors involved for each project phase. This formal agreement sets the stage for a structured collaboration to ensure the success of the project.

Strategy 3: Community-led outreach	
Objective: To find PLHIV LTFU in the locality	Peer referral and coordination with service providers ● Identifying and contacting LTFU individuals ● Utilization of LTFU Contact Directory (Annex 2) ALTER promotion and campaign ● Creation of IEC materials to facilitate interaction with LTFUs online ● Updating of the LTFU Contact Directory Initial engagement of LTFU individuals ● Counseling and providing peer support ● Referral to treatment and other services ● Enrolment to ALTER program ● Conduct of LGS (as necessary/requested)

Implementation considerations	**Peer referral and coordination with service providers** Actors involved: ● ALTER team ● Peer navigators and Community Health Outreach Workers (CHOW) ● Treatment hub personnel ● Case managers Resource needs: ● Meeting venue, meals ● Communication support ● Transportation support ● Meal support ● Call guide (Annex 4) ● LTFU Contact Directory Monitoring: ● LTFU Contact Directory updates ● Activity report and photos

	ALTER promotion and campaign Actors involved: ● ALTER team (social media manager) ● Representatives from facilities, schools, workplaces Resource needs: ● Social media accounts and pages ● Website ● IEC materials ● Ads cost ● Printing costs of IEC materials ● Videos production costs ● Communication costs ● LTFU Contact Directory Monitoring: ● LTFU Contact Directory updates ● Social media posts and engagement statistics
	Initial engagement of LTFU individuals Actors involved: ● ALTER team ● Treatment hub personnel, case managers ● SDN members Resource needs: ● Communication support ● Transportation support ● Meal support ● Meeting and training venue ● Service providers directory ● LTFU Contact Directory ● LGS training presentation and materials Monitoring: ● LTFU Contact Directory updates ● Activity report and photos

Process and Activities

1. Peer referrals and coordination with service providers

Peer referral and coordination with service providers involve a multisectoral approach to reach LTFU individuals. The communication platform may include calls, text messages, and social media messaging, with the additional option of home visits.

The process begins with meetings between the ALTER team and treatment hubs and case managers (if there are any), to identify LTFU individuals for contact. Treatment hubs and case managers may initiate contact with LTFU individuals, referring them to the ALTER team for further engagement. Another route for this is for treatment facilities to distill from their databases an LTFU Contact

Directory to be turned over to the ALTER team for them to contact. As a parallel step, peer referrals will also be employed to connect familiar LTFU contacts with the ALTER team.

The utilization of a call script and a contact directory, coupled with status tracking for individuals contacted and their response (including no response), ensures systematic and comprehensive outreach. To enhance connection and support, where possible and deemed conducive, home visits may also be conducted by support groups, contributing to a community-based approach in reengaging LTFU individuals.

2. ALTER promotion and campaign

In launching the ALTER promotion and campaign, a strategic multi-channel approach may be employed to maximize reach. Community- and online-based campaigns utilizes various platforms, both online and offline, to effectively connect with the target individuals. Central to the campaign's impact are the Information, Education, and Communication (IEC) materials, which include relatable and engaging posters, photos, and videos. These materials are crafted to convey ALTER's message effectively, resonating with the audience and encouraging active participation.

Online channels play an important role in finding LTFUs. Existing social media accounts and pages of support groups engaged as the ALTER team can serve as digital focal points for information dissemination. Online spaces are designed to engage and capture the attention of the audience, fostering a sense of community and participation. Complementing the digital efforts are tangible materials strategically placed in physical spaces. Printed copies of posters may be posted in treatment facilities, community centers, schools, and workplaces, ensuring a widespread and visible presence. Support groups, treatment hubs, and their partners may also choose to announce invitations for joining ALTER during regular or special activities like World AIDS Day celebrations, the International AIDS Candlelight Memorial, Pride Marches, etc. Other media forms, such as radio or newspaper, may also be used in ALTER campaigns depending on what forms of communication are most appropriate to the target population or locality. This approach, both online and offline, aims to cover diverse environments where potential LTFU individuals may be reached.

As the campaign gains momentum, the process extends beyond visibility to engagement. The LTFU Contact Directory will be maintained, reflecting results from online leads and interactions. This ensures that the campaign remains dynamic and responsive, actively identifying and connecting with LTFU individuals.

3. Initial engagement of LTFU individuals

The process of reconnecting with LTFU individuals involves a series of intentional steps aimed at understanding their needs and facilitating their reintegration into relevant support systems. The initial engagement of LTFU individuals is a compassionate and multifaceted approach that prioritizes understanding their specific needs, offering personalized referrals, handholding, and providing avenues for community participation and support.

Once LTFU individuals are contacted, the next step will be Peer Counseling to help identify their needs which may include psychosocial intervention, financial and enabler support, legal assistance,

among others. Following the needs identification, the ALTER team may take one or a combination of the following actions:

1. Direct referral to HIV treatment and care, if preferred;
2. Referral of health and non-health needs to SDN and partner groups;
3. Invite to join community-led activities such as Learning Group Sessions, Group Counseling, among others; and
4. Enlist for the R&R activity.

For those who enlisted for the R&R activity, additional information must be gathered such as dietary, mobility, accessibility requirements, and/or any specific well-being and emergency needs. All information and updates collected, including identified reasons for the individual's delayed enrollment to treatment or interruption of the same, shall be written in counseling notes and logged in the LTFU Contact Directory. Information captured in these tools will be collated and synthesized as part of the ALTER monitoring and evaluation.

Those who were successfully contacted but chose not to enlist in the R&R activity shall be directly given aftercare, details of which can be found in Phase 3 of this manual.

Contact protocol for no response

In cases where an LTFU PLHIV listed in the Directory does not respond to the first attempt at contact, the responsibility of contacting the individual is transferred to another ALTER team member. If the individual still did not respond at the second attempt, the ALTER team member assigned to contact them shall leave them a message with the ALTER contact information. As a last attempt, the individual shall be contacted for the third time. LTFU PLHIVs who have active contact details but gave no response shall be contacted again during the next R&R batch should there be another round of implementation.

PHASE 2: CONDUCT OF R&R ACTIVITY

Strategy 4: Community-based therapeutic activity	
Objective: To use a psychosocial wellbeing approach to facilitate return and adherence to treatment	Reconnect and Recharge (R&R) Activity • Review of counseling, contact directory notes • ALTER orientation for enlisted participants • Conduct of the R&R activity • Post-activity assessment

Implementation considerations	**Pre-activity** Actors involved: ALTER team Resource needs: • Meals, communication, and transportation support • LTFU Contact Directory • ALTER Sign up sheet and consent form (Annex 5) Monitoring: LTFU Contact Directory updates
	During activity Actors involved: ALTER team Resource needs: • Activity venue • Meals, communication, and transportation support • LTFU Contact Directory • List of emergency contacts • Emergency kits and incidental funds • Attendance sheet • Office supplies (pens, metacards, tape, scissors, printer, notebook/filler journal, markers, coloring materials, brush, paint/watercolor, etc.) • Activity materials: 20 boiled eggs, 100 chips/cards with numbers Monitoring: Activity report and photos; LTFU Contact Directory updates
	Post-activity Actors involved: ALTER team; Treatment hub and SDN personnel (as applicable) Resource needs: • Meals, communication, and transportation support • LTFU Contact Directory Monitoring: Meeting documentation and LTFU Contact Directory progress tracking

Activity design

The R&R activity is designed for LTFU PLHIVs 18 years old and above who voluntarily enlisted during the initial engagement done by the ALTER team under Phase 1. The R&R design is drawn from Dawaw MAAI's insights and analysis on the diverse and intersecting issues and experiences of LTFU PLHIVs in their locality.

Treatment interruption is one of the many forms of life interruptions that a PLHIV goes through since diagnosis. The interruption of social support through internalization of stigma, withdrawal and isolation or exclusion and discrimination from previous sources of support (friends, loved ones, family, school, church, workplace, etc.) poses a major challenge to treatment enrollment and adherence. For ARV to be lifesaving, it needs to be accessed first, and for many LTFU PLHIVs, care and support are needed to take or retake that first step towards an assured wellbeing. Thus, the focus of R&R is to introduce participants to three levels of psychosocial support–namely personal, interpersonal, and community–and help them access these.

In the absence of stigma against HIV, KP identities and human activities associated with HIV, a PLHIV would have significantly less barriers to surmount while enjoying their right to well-being such as through accessing treatment. While campaigns, advocacy, and other programmatic interventions are being done to address HIV stigma at a larger scale, R&R focuses on therapeutically talking it out–open discussions on PLHIV experiences of pain, loneliness, stigma living in the mind and body, trauma from discrimination and other forms of violence, among others.

The R&R activity is also designed to offer relief at the end of what is anticipated to be an emotionally draining process. Thus, the activity will be closed with ALTER team members sharing about their similar experiences as well as avenues for support which participants can tap into at any point in their treatment enrollment and adherence journey. The idea is that access to multiple levels of psychosocial support can facilitate return and adherence to treatment even as wider cultural, socio-economic, and structural barriers are still in the process of being challenged and resolved.

The approach will be facilitative instead of the usual top-down learning approach used in many HIV-related interventions. This goal is for participants to take up more talking space during the activity than the ALTER team members. Time and care must be allotted to help participants unburden themselves, and understand that their personal struggles, while distinct in detail, are still parallel with the struggles of fellow PLHIVs in the community and that in that parallelism lies not only connection but also hope.

Each batch accommodates a maximum of 20 participants, maintaining a ratio of two (2) LTFU individuals per one (1) person from the ALTER team. ALTER team members will act as dedicated guides, offering wellbeing support throughout the activity. This is where the diversity in identities, skills and readiness of the ALTER team become crucial. Participants will have the flexibility to choose their preferred ALTER team member or opt for someone who belongs to the same KP group or shares similar life experiences.

Process and Activities

1. Pre-activities

Review of counseling and contact directory notes

The initial step for the ALTER team shall involve compiling a list of interested participants, including their personal details, notes on their current situation, and identified needs requiring attention. The team will then conduct a briefing to gain a clear understanding of the unique needs and considerations of each participant batch.

Following this, the team adopts a structured approach by assigning each member two participants to partner with. In this assignment, each ALTER team member shall review the LTFU Contact Directory notes to determine essential information about each participant. This systematic process ensures that team members are well-informed and equipped to provide tailored support and engagement during the upcoming activities.

ALTER pre-activity orientation for enlisted participants

The ALTER team will conduct a pre-activity orientation for the enlisted participants. This orientation involves a detailed discussion about what participants can expect from the upcoming activity, ensuring that everyone is aligned on the objectives, program details, and overall expectations.

As part of the orientation process, participants are then guided through the signing of the ALTER sign-up sheet and consent form. This step is crucial in emphasizing to participants that their personal data and shared information will be treated with the utmost confidentiality and privacy, fostering a secure and respectful environment for their involvement in the ALTER activity.

Activity-related preparation

In preparation for the upcoming activity, the ALTER team shall engage in activity-related preparations to ensure a smooth and secure experience for all participants.

Prior to the activity day, the team shall send out reminders, including details about the designated meeting point, time, and the expected duration of the event. Logistical considerations, encompassing rest checks and transportation, shall be arranged, with an emphasis on reimbursing or providing transportation costs in advance, based on participants' preferences.

Further preparations shall involve coordinating the venue logistics, including meals, materials, accommodation, and space layout, with focus on accommodating personal requirements. Safety measures are implemented, encompassing the compilation of a list of emergency contacts for various crises, provision of emergency kits and funds for unforeseen situations, and identification of ALTER team members with expertise in first aid and/or emergency response.

To foster a supportive environment, a guided process shall be established for both participants and

organizers to navigate triggers, facilitating discussions on whether to address identified triggers during the event. The final preparation meeting of the ALTER team shall be dedicated to readying themselves for potential triggers and handling personal traumas during the event, ensuring a comprehensive and well-prepared approach to the upcoming activity.

Participants may also be informed of any necessary updates or changes related to the activity.

2. Conduct of activity

The activity will be conducted at an exclusive access venue with communal accommodation. The overnight activity will start according to the usual check-in time in venues within the locality with activities commencing an hour after check-in and continuing for the rest of the day.

Sample schedule of activities	
2:00 to 3:00 pm	Check-in
3:00 to 3:30 pm	Orientation
3:30 to 4:30 pm	Activity 1: My Egg (Valuing the Self) Part 1
4:30 to 4:45 pm	*Health break*
4:45 to 6:00 pm	Activity 2: My Number (Nurturing Interpersonal Relationships)
6:00 to 7:00 pm	*Community dinner*
7:00 to 9:00 pm	Activity 3: Bonfire (Fostering Sense of Community) Activity 1: My Egg (Valuing the Self) Part 2
9:00 to 9:30 pm	Debriefing

Orientation

Duration: 30mins

At the onset of the activity, the ALTER team will conduct a program orientation. This session includes an introduction and background to the activity, establishing clear expectations for participants. Additionally, house rules and safety measures will be explained. The team will also address administrative details such as check-out procedures, designated mealtimes, accommodation logistics, and other relevant announcements.

Activity 1: My Egg (Valuing the Self) Part 1

Valuing the Self-Part 1

Upon diagnosis or throughout treatment, multiple factors may cause one's perceived value of themself to erode. This activity is designed to help participants express their uniqueness, exercise caring for themselves and prioritizing their safety, and reflect on how they have been uplifting or diminishing their own value in their own eyes. This activity will be done in two parts, Part 1 will be done at the beginning of the day and Part 2 will be done at the end of the day.

Duration: 1 hour
Materials needed: ● 20 boiled eggs ● Pens, markers, coloring materials, brush, paint/watercolor ● Office supplies (meta cards, tape, scissors, etc.)
Mechanics: ● Each participant will be given a boiled egg. They will be asked to design their own egg, ensuring the egg is easily identifiable and uniquely theirs. ● After designing the eggs, participants will be instructed to go about their day making sure that their egg is intact. ● The processing for "My Egg" will come later in the day. Before the last activity is finished, they will be asked to share something about their eggs and share what happened to their eggs throughout the day.

Activity 2: My Number (Nurturing Interpersonal Relationships)

Nurturing Interpersonal Relationships

Interpersonal relationships are a crucial source of support; they provide perspective, enable sharing of one's burdens, and encourage asking for and giving help. Activity 2 is designed to assign participants with a buddy. Each participant will have one fellow LTFU PLHIV as a buddy and each pair will be assigned a guide from the ALTER team members.

Duration: 1.5 to 2 hours
Materials needed: ● Chips/cards with numbers (2 chips/cards per number) ● Pens, markers, coloring materials, brush, paint/watercolor ● Office supplies (meta cards, tape, scissors, etc.)
Mechanics: ● The activity starts with 20 chips containing 2 sets of the numbers 1-10. Participants will be asked to pick a chip so that they could be assigned a number which they have to remember for the duration

of the activity. Each number will have been assigned to two participants so that those who have the same number assignment would become R&R buddies by the end of the activity.

- Then, the 20 chips containing 2 sets of numbers from 1-10 will be placed under the sand along with 80 blank chips/cards. The participants will be asked to find their numbers by digging chips from the sand. If the chip they dug out does not match their own assigned numbers, they must put it back.
- They will only be given 2 minutes to find their own numbers and match it with the other person who has the same number as theirs. The activity is designed to be difficult or almost impossible. The ALTER team may create additional distractions to make it harder for participants to find their assigned numbers.
- If at first try, the participant digs out their assigned number, the next task is to find the other person with the same number. Those who are not able to find their numbers will play another round.
- Another 2 minutes will be given to participants who have not found their chips. This time, when they find a numbered chip, they will be allowed to shout out the chip number so that the person assigned that number could have their chip with the help of their fellow participants.
- The game will end when all the participants find both their own numbers and the other person with the same number. The ALTER team members assigned to each pair, knowing which pair is assigned to them prior to the activity, may step in at the last minute to help their assigned pair find each other and finish the game.
- At the end of the activity, they will be asked the following questions:
    - *How was the activity? Was it easy or difficult?*
    - *What did you do to remember your own number?*
    - *What did you feel when you found out that another person has the same number?*
    - *What did you feel when you were not allowed to say which number you have?*
    - *How did you try to find the other person with the same number?*
    - *How did you feel when you found/did not find your own number/the person with the same number?*

Processing:

While interpersonal relationships can be a great source of psychosocial support, it is often difficult for PLHIVs to find fellow PLHIVs or people with the same experience to talk things through. This is especially difficult because of internalized stigma, fear and anxiety about disclosure, and several other understandably limiting factors. A support group can help connect PLHIVs to one another, providing a safe, open, and nonjudgmental venue where powerful bonds can be developed that can ultimately aid in one's treatment enrollment and adherence.

After the game, each three-person group (2 LTFU PLHIVs and 1 ALTER team member) will pick a private spot within the venue and talk about their life experiences as it relates to their HIV status, diagnosis, treatment interruption, etc. This would be an opportune time for the ALTER team members to get to know their assigned pairs, for the pairs to identify with each other's experiences, and for all of them together to synthesize those experiences in a way they see fit or helpful to their journeys. This is where the ALTER team members will be using their skills, training, heart, and their reflections about their own journeys to facilitate the therapeutic unburdening of LTFU PLHIV participants.

Activity 3: Bonfire (Fostering Sense of Community)

Fostering Sense of Community

Communities provide forms of care and support that are beyond the individual capacities of people. When providing care is not assigned to individuals but put into the hands of a living, breathing community, multiple resources and capacities come into play making the meeting of diverse and intersecting needs of people lighter and easier for individual community members. This activity is designed to connect LTFU PLHIVs to a larger group of people sharing similar experiences, burdened with similar psychosocial, cultural, economic, and structural problems, and connected by similar pursuits of safety, joy, and wellbeing.

Duration: 1.5 to 2 hours

Materials needed:

- Bonfire
- Lighter, match
- Markers/pens
- Tissue and water
- Pens, markers, coloring materials, brush, paint/watercolor
- Office supplies (meta cards, tape, scissors, etc.)

Mechanics:

- The participants will be asked to sit around a bonfire. The organizers will set the stage for sharing and will remind the participants that the group is a safe space.
- Each ALTER team member will answer the question '*bakit ako nandito*?' and may openly share their personal experiences as PLHIV and/or about their previous experience as LTFU (if willing). The participants may ask questions or willingly express feelings or share anything on their mind.
- At the end of the sharing, they will be asked to write down negative thoughts, feelings, or memories that they feel that have had a big impact in their life. They will not be asked to disclose what they wrote on their piece of paper. The participants will be asked to fold their piece of papers and throw them into the fire, signifying a fresh start to their journey.
- At the end of the activity, they will be asked the following questions:
    - *How does it feel to hear about another person's story?*
    - *How do you feel moving forward in your own journey?*

Processing:

Support groups are not only helpful psychosocially to PLHIVs and KPs, they are also key actors in the HIV response. They not only close gaps in the provision of HIV services, but they also work actively to advocate for longer-term solutions towards the wellbeing of PLHIVs and KPs. PLHIVs are highly encouraged to join a support group for the many lifesaving benefits it can bring them, the life-affirming support it can provide, and the life-enriching opportunity it offers to also provide to others the same support that was given them.

Activity 1: My Egg (Valuing the Self) Part 2

Valuing the Self–Part 2

Part of Activity 1 is when it will be revealed to participants that the egg is a representative of themselves. Externalizing the self into a boiled egg is a reflexive exercise designed to help participants see themselves as a source of motivation, care, and support. The self is not the only source of support a PLHIV has and can have access to; in cases where this internal source runs out or cannot be accessed, motivation, care and support can be borrowed from external sources–their buddies, ALTER team guides, and the PLHIV community through the support group itself. In R&R, experiencing these kinds of support is designed to encourage valuing the self, enable self-care, and make the self a robust source of support for treatment adherence and overall wellbeing.

Duration: 1 hour

Mechanics:

- The following processing questions will be asked:
  - *What makes your egg unique?*
  - *Do you think your egg is important?*
- It will then be revealed to the participants that "the egg is you". They will then be asked:
  - *What did you do to make sure that your egg is safe?*
  - *What made you decide to take care of your egg?*
- The participants may then be asked to write a letter to their future self, starting with the phrase 'Dear Future Self…' to help them determine what they want to do moving forward.
- ALTER team members may meet with their assigned pairs for additional sharing, processing, debriefing, as needed/requested.

Other activities

Self-expression is highly encouraged throughout the R&R. In recognition that not everyone may be comfortable using words to express themselves right away, special corners may be designed within the venue to encourage non-verbal expressions. This includes:

1. Rage room–a corner in the venue where participants can fling water-filled balloons, mini balls, or play darts onto walls, targeting meta cards containing words that represent sources of trauma, negative experiences, or emotional upheavals. Debriefing must always be offered to participants who enter the rage room.
2. Commitment book–a slam book designed for self-expression and sharing of intimate details about oneself; this also has blank pages where participants can write messages to themselves, as a commitment to their wellbeing, as well as messages to their fellow participants. A corner in the venue may be assigned as a quiet spot for drawing, coloring, and writing on this commitment book.

There may also be additional ice breaker activities needed to stimulate or reinvigorate participants during the conduct of R&R.

3. Post-activity meeting

After the activity, the ALTER team shall meet for a post-activity discussion to share insights, feedback, and observations, including general and specific factors contributing to becoming LTFU identified throughout the R&R session. The results of s post-activity assessment shall guide the team to make specific adjustments to the activity or the entire initiative, as necessary.

Each team member will contribute stories and pertinent information about the participants they were partnered with. Additional notes and updates regarding the participants shall be recorded in the LTFU Contact Directory, serving as a basis for assessing and strategizing next steps to encourage their individual re-engagement in HIV treatment and care.

The activity documenter will note these discussions for the activity report, ensuring that no specific names or identifying information are disclosed publicly. Processed information may be shared with relevant health personnel concerning the engagement, treatment, and care of the participants if deemed necessary.

PHASE 3: AFTERCARE

Strategy 5: Demedicalized case monitoring	
Objective: To facilitate return and adherence to treatment and care	Facilitating the provision of aftercare to engaged LTFU individuals and ALTER team

Implementation considerations	Actors involved: ALTER team; Treatment hub and SDN personnel (as applicable) Resource needs: ● LTFU Contact Directory ● Meals, communication, and transportation support Monitoring: LTFU Contact Directory updates

Process and Activities

Aftercare plays a crucial role in sustaining the positive impact of R&R on both participants and ALTER team members. In applicable cases, aftercare may start with re-linking LTFU PLHIVs to care. Re-enrollment to ARV treatment may also be incentivized by ALTER, if resources allow, such as through provision of rice, grocery packages, cash, or other incentives deemed appropriate by the implementing team. Should allotted resources for ALTER implementation be insufficient to provide incentives, these may be pursued through partnerships with local social welfare offices, local government units, or other partners.

Once an LTFU PLHIV re-enrolls to treatment, they will be handled by a case manager linked with the treatment facility (if there are any) while simultaneously being provided with aftercare by ALTER team members or the support group itself. Aftercare goes beyond simply monitoring the medical side of HIV treatment, it continues the careful and personalized manner of identifying needs employed by the ALTER team during pre-R&R peer counseling sessions. This is in recognition of the evolving needs of and the crucial nature of keeping contact with PLHIVs newly enrolled/returned to treatment. After the completion of the ALTER activity, dedicated aftercare is extended to both participants and the ALTER team.

For participants, follow-up sessions are offered to address any lingering concerns, provide additional support, and reinforce the importance of ongoing engagement in HIV treatment and care. This ensures that participants continue to receive the necessary assistance for their well-being. Simultaneously, the ALTER team engages in debriefing sessions to discuss their experiences during

the activity. These sessions focus on emotional well-being, addressing any personal triggers that may have arisen, and fostering a supportive team environment.

Participants expressing interest in accessing HIV, health, and non-health services will be referred by support groups to their partner treatment hubs and relevant health facilities, as well as other identified frontline service providers. To ensure comprehensive support, there will be ongoing engagement between the support group and referred facilities, ensuring that individuals who have been LTFU receive consistent care and assistance throughout the process.

The support group, composed of PLHIV and advocates, will remain committed to long-term engagement with these individuals. This commitment goes beyond immediate health needs, extending to fostering a sense of community that promotes self-empowerment and collective care, establishing a supportive environment for sustained well-being of PLHIVs. If possible or desired, a major R&R activity may be followed up with smaller-scale therapeutic R&R sessions e.g. monthly picnics, hangouts, or get togethers; periodic HIV advocacy or campaign engagements; a weekly support group session where experiences and feelings are expressed and shared. Aftercare is designed to ensure that life-saving connections made throughout project implementation are sustained.

Strategy 6: Reflexive project assessment	
Objective: To document outcomes, evaluate the project from the perspective of implementers and scale-up ALTER project	Finalizing monitoring and evaluation activities, generation of recommendations and dissemination of findings

Implementation considerations	Actors involved: ● ALTER team ● Treatment hub and SDN personnel (as applicable) Resource needs: ● Meals, communication, and transportation support ● LTFU Contact Directory Monitoring: ● Consolidating activity reports, LTFU Contact Directory updates ● Progress tracking ● Financial reports

Framework and Process

The Results Framework for ALTER project is built upon a set of objectives, each contributing to the overarching goals of the initiative:

INPUT	OUTPUTS	OUTCOME	IMPACT
Human resources and funds	• Signed MOU and established referral systems and pathways • At least 10% of total LTFU in the locality are engaged and accessed HIV services	At least 50% of those engaged LTFU returned to treatment and care	95% of PLHIV are retained in treatment

Objectives	Indicators
1. Establishment of a dedicated PLHIV team well-versed in counseling, mental health issues, and ARV adherence.	Successful formation of the PLHIV team, the availability of counseling resources, and the demonstrated competence in addressing mental health challenges and promoting ARV adherence.
2. Improved availability and accessibility of HIV treatment within the community.	Establishment of referral pathways to accessible treatment, the reduction of barriers to treatment, and an increase in the number of PLHIV and LTFUs accessing care.
3. Identification and engagement of PLHIV LTFU.	Number of LTFU individuals identified and engaged, the effectiveness of outreach efforts, and the establishment of channels for communication and engagement.
4. Facilitated return to treatment and care through a psychosocial wellbeing approach.	Successful implementation of psychosocial interventions, the rate of return to treatment, and the reported improvement in the overall wellbeing of PLHIV.
5. Comprehensive documentation of project outcomes and strategic scaling up.	Thorough documentation of interventions, the impact assessment on the targeted outcomes, generation of recommendations and the successful replication or expansion of the ALTER project to additional communities.

M&E shall be done by the ALTER team who may also opt for an external evaluation should it be deemed necessary. The team shall perform monitoring activities throughout project implementation in the form of directory updates, activity reports, activity assessments, and progress tracking (Annex 6). Real-time insights and analysis captured by these tools shall help in identifying gaps, challenges, and valuable lessons learned—for the adaptive management of the project. Towards the end of the project, these monitoring results shall be consolidated and synthesized in a reflexive manner where the ALTER team will reflect on each phase of implementation. This will contribute to nuanced depiction of the project's progress, revealing both intended and unintended outcomes.

A crucial aspect of the assessment is the further familiarization of concerned actors with the LTFU phenomenon, the factors that lead to it and possible ways forward. Therefore, it shall include the synthesis of identified reasons for LTFU from participants' sharing in peer counseling and R&R sessions, together with the

insights of the ALTER team on the matter. Dissemination of key findings and recommendations shall enable stakeholders to gain insights and contribute to the strengthening of community-led interventions. Recommendations may be addressed to specific institutions such as treatment hubs, HIV and other related health programs, policy-making bodies, and may form part of future strategies such as fine tuning ALTER or institutionalizing it as a community-led program, lobbying initiatives, policy development, and resource generation.

ANNEXES

Annex 1: *Needs Assessment Guide for ALTER team members (Sample)*

Name:		Affiliation/s:	
Pronouns:		Area:	

Trainings received:	*Other trainings you wish to receive:*

Additional remarks:

Annex 2: *LTFU Contact Directory Masterlist (Sample)*

LTFU Contact Directory Masterlist

	UIC *(if applicable)*	*Name* *(optional)*	*Age*	*Contact info* *(mobile, address, social media)*	*Main concerns*	*Identified needs?*	*Referred?*	*Preferred engagement*	*Remarks/ Notes*
Person who contacted _____ Last date of contact: _____ Contact reached? ▫ Yes ▫ No									
Person who contacted _____ Last date of contact: _____ Contact reached? ▫ Yes ▫ No									

Annex 3: LTFU Contact Directory (per individual, sample)

UIC *(if applicable)*		Address (*optional)*	
Name *(optional)*		Nearest facility	
Pronouns		Contact no.	
Age		Email (*optional)*	
Person who contacted		Social media account (*optional)*	

Contact reached?	▢ Yes	▢ No	Other/remarks:
Notes from treatment hub/case manager/peer who referred them:			

If contacted, ***what were their main concern/s and/or needs identified?***:

Date of contact	*Nature of concern/s*

Referral tracking

Date of contact	*Nature of concern/s*	*Referred to*	*Notes*

Additional notes:

Preferred engagement

Additional notes:

Additional remarks:

Annex 4: Call Guide (Sample)

Start the call	
Introduction of caller	Sample spiel:
Reasons for calling	Sample spiel:
Ensure data confidentiality	Sample spiel:
Ask for their consent	Sample spiel:

↓

If they agreed to the call:	If they refused to talk
Kamustahan	
Answer questions (if any)	
Inform how you can help (as necessary)	
Set up another call/meet up (if applicable)	

↓

End the call	
Inform them that they can contact you anytime, provide other contact information they might need	Sample spiel:
Thank them for taking the call	Sample spiel:
Closing	Sample spiel:

Annex 5: ALTER Activity Sign Up Sheet and Consent Form (Sample)

ACTIVITY CONSENT FORM	
ALTER: Reconnect and Recharge (R&R) Activity Date and Venue: _____	
Participant name:	
Date signed:	

Please check if you agree to the following:

▢ I agree to take part in the mentioned activity. I comprehend the purpose and essence of the activity and confirm my voluntary involvement. I understand my rights as a participant and I know that I can withdraw from the activity at any time without facing consequences.

▢ I acknowledge that my personal information will be handled with the utmost confidentiality and privacy. The organizers assure compliance with the RA11166 (HIV and AIDS Policy Act) and the RA10173 (Data Privacy Act of the Philippines). My data will be kept safe and will not be disclosed to anyone.

In case of an emergency, please contact the following person on my behalf:

Name: _____ Contact no.: _____

_____ _____

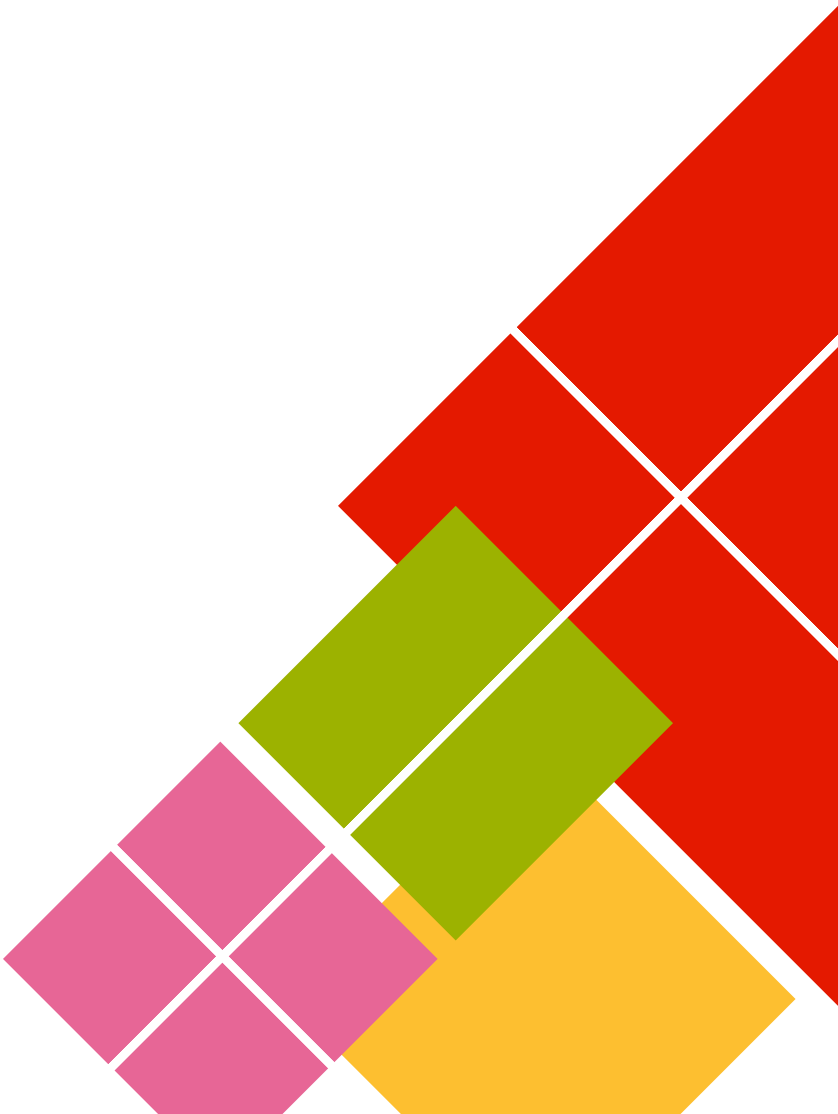
Participant's signature Organizer's signature

Annex 6: *Progress Tracker (Sample, based on ACHIEVE's COPE M&E Workshop)*

Impact (Main Goal/ Objective)	95% of PLHIV are retained to treatment

Main Activity Description	**Sub-activities (if applicable)**	**Required Deliverables**	**Inputs**	**Output**	**Actual Date of Implementation**	**Means of Verification / Documentation** (Submitted, *for submission*)	**Reporting Schedule**	**Remarks**

Approved Budget	**Actual Expenditure**	**Variance (Budget)**	**Reason for variance (Budget)**	**Status**	**Year 1 (July 2022-June2023), Estimated Timeline**											
					Q1			**Q2**			**Q3**			**Q4**		
					M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12



COPE HIV
Communities Operationalizing
People-centered HIV response