



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON



30 April 2026

Regional Memorandum

No.295 s.2026

**SCHOOL FACILITY SURVEY FOR ALL SCHOOLS OFFERING
SECONDARY EDUCATION IN REGION IV-A FOR
“LUNAS ESKWELA” PROJECT**

To: **Schools Division Superintendents
All Others concerned**

1. The Department of Education Regional Office IV-A CALABARZON, through the Education Support Services Division–School Health Section, endorses this Department of Health–Research Institute for Tropical Medicine research project entitled “Lunas Eskwela: Leveraging, Understanding, and Navigating Access to School-based HIV testing for High School Students in the Philippines.”
2. This project aims to systematically assess the availability of health-related services, programs, and resources across schools, generating evidence to support the identification and prioritization of school health needs in the region.
3. Respondents are school principals or any authorized representatives from **all public and private schools in the Region offering secondary education (Grades 7–12)**, who are required to complete the online School Facility Survey, which is available at <https://tinyurl.com/lunaseskwela> until **August 31, 2026**.
4. For concerns and inquiries, please contact Ms. Jhoys Guevarra via email at lunas.eskwela@ritm.gov.ph or through mobile number 0993-926-4082.
5. Immediate dissemination and strict compliance of this Memorandum is desired.


CARLITO D. ROCAFORT
Director IV

03/ROE3/ROE/NPF



Address: Gate 2, Karangalan Village, Cainta, Rizal
Telephone No.: 02-8682-2114
Email Address: region4a@deped.gov.ph
Website: depedcalabarzon.ph



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22 03 0085



March 24, 2026

CARLITO D. ROCAFORT

Regional Director

Department of Education – Region IV-A

Thru: EDUARDA M. ZAPANTA

Chief Education Supervisor

Education Support Services Division

Subject: Request for Endorsement of School Facility Survey for All Schools Offering Secondary Education in Region IV-A for the “Lunas Eskwela” Project

Dear Director Rocafort,

We sincerely appreciate the continued support of your office for the implementation of research activities under the study entitled *“Lunas Eskwela: Exploring the Acceptability and Feasibility of School-Based HIV Testing Among High School Students in the Philippines.”*

As part of this project, we are conducting an online School Facility Survey covering **all public and private schools offering secondary education (Grades 7–12)** within Region IV-A. The survey aims to systematically assess the availability of health-related services, programs, and resources across schools, generating evidence to support the identification and prioritization of school health needs in the region. School principals or their authorized representatives will be invited to complete the survey. Furthermore, we will not be collecting the names of the schools, but only the region, province, and city or municipality in which each school is located.

In this regard, we respectfully request your endorsement and assistance in facilitating the official dissemination of the online survey to all public and private secondary schools in the region. The survey may be accessed through the link or QR code provided below.

To participate in the **“Lunas Eskwela” School Facility Survey:**



Scan this QR code using your phone’s camera

OR

Click this link:

<https://tinyurl.com/lunaseskwela>

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BY:





Our study team will closely monitor incoming responses and will provide the region with regular updates on the progress of data collection.

Please be assured that all information collected will be used solely for the purposes of this study and will be handled with strict confidentiality, in accordance with the Data Privacy Act of 2012 (Republic Act No. 10173) and other applicable data protection and research ethics standards.

Should you require any clarification, you may contact Ms. Jhoys Guevarra via email at lunas.eskwela@ritm.gov.ph or through mobile number 0993-926-4082.

We likewise assure you that the Lunas Eskwela Project will be implemented in close coordination with the Department of Education and in full compliance with DepEd policies, child protection standards, and ethical requirements for research involving minors.

Thank you for your continued support and guidance. We look forward to your favorable consideration.

Respectfully yours,

ROSSANA DITANGCO, MD, FPCP, FPSMID
Principal Investigator, Lunas Eskwela Project
Chief, Clinical Research Division
Department of Health – Research Institute for Tropical Medicine

Approved by:

ATTY. ANA LIZA P. HOMBRADO-DURAN, MD, FPPS, JD, MMHOA, MMPHA
Director IV
Department of Health – Research Institute for Tropical Medicine





INFORMATION ON SCHOOL FACILITY SURVEY FOR SCHOOL OFFICIALS

Site Principal Investigator

ROSSANA A. DITANGCO, MD
Department of Health Research Institute for Tropical Medicine

Study sponsor: Department of Health Research Institute for Tropical Medicine

Research Project Title: “*Lunas* Eskwela”: Leveraging, Understanding, and Navigating Access to School-based HIV testing for High School Students in the Philippines

Version 3.0 dated November 5, 2025

Dear Participant,

We are inviting you to participate on an on-line school facility survey, a part of a study about HIV testing in school for high school students. Before making a decision about taking part in this survey, please carefully review this document. This document provides the reasons why this study needs to be done and also explains details about the study. If you have questions or concerns at any time, please feel free to ask the study team. The study team will answer your questions and discuss your concerns with you.

Purpose of the Research

The number of new HIV infection being reported in our country has been steadily increasing. It is estimated that almost 70% of new infections are among young people age 15 to 24 years old. From January 1984 to June 2024, 20% of the reported deaths were among 15 to 20 years old and almost half were in the advanced stage of the disease at the time of HIV testing. It will take several years before signs and symptoms of advance HIV disease appear hence people wouldn’t know that they have HIV infection unless they submit themselves for HIV testing.

Only 12% of the estimated 11, 300 persons with HIV aged 10-19 years old and only 24% of the estimated 50,700 persons with HIV aged 15-24 years old persons with HIV (PwHIV) were tested for HIV.

HIV testing is a very important step to treat or prevent it. Positive cases can be immediately linked to the services that care for it and can start treatment immediately. People with HIV who take medicine for it can live as normal and as long as people without HIV and they can no longer pass HIV to their partner.


Since HIV testing is accompanied with pre and post-test counseling, those who are uninfected would have access to education, counseling and preventive services to maintain their HIV negative status. In the Philippines, HIV testing is done only in laboratories, hospitals and sexual health clinics. There are also groups that offer HIV testing when they go into the community to provide information about HIV. Because of this, it is not easy for young people to get an HIV test.





37 Since almost 90% of young people are enrolled in school, the school is a potential venue for HIV testing
38 services. But in order to establish HIV testing services in school and for students to regularly use them,
39 there is a need to identify the requirements to establish HIV testing and its characteristics that would
40 make them acceptable to students, parents, teachers and other stakeholders.

41 It is for these reasons that the Department of Health Research Institute for Tropical Medicine is inviting
42 you and your school to participate in the study "**Lunas Eskwela**": Leveraging, Understanding,
43 and Navigating Access to School-based HIV testing for High School Students in the Philippines. The
44 researchers of this study want to investigate the feasibility and acceptability of establishing HIV testing
45 services in schools. The study aims to gather information on the knowledge, attitudes, practices and
46 insights on HIV infection or AIDS and on HIV testing in school through survey and interview. A school
47 facility survey will also be done to assess the state of school services and programs not only around HIV
48 but other health concerns of high school students as well. It will also be an avenue to identify school
49 facility and resources required to implement school-based HIV testing for high school students. It is
50 hoped that this study could help reduce the impact of HIV and AIDS among young people. Additional
51 information to be gathered from the survey will also help the Department of Education plan on how to
52 strengthen health services for high school students.

 Answer first	<i>Put a check in the box of your answer.</i>	AGREE	DISAGREE
	This study aims to know whether it is possible and acceptable to set up HIV testing services in schools. The school facility survey will be conducted to evaluate the current state of school health services and programs.	<input type="checkbox"/>	<input type="checkbox"/>


53

54 Participant Selection

55 All schools that provide secondary education in the three selected regions (i.e., NCR, Region III, and
56 Region IVA) will be invited to participate in the study, which is estimated to be around 3,300 schools.
57 Your participation in this study is very important to help us gather information on the state of health
58 services and programs in your school. Information gathered from this survey will help the Department
59 of Education plan on how school-based health services could be improved.

60 Voluntary Participation

61 You may choose to participate or not to participate in this survey. Your decision will not affect your
62 position in the school or your office.


 Answer first	<i>Put a check in the box of your answer.</i>	AGREE	DISAGREE
	My participation in this study is voluntary and that I am free not to participate without affecting my standing in the school.	<input type="checkbox"/>	<input type="checkbox"/>



63 **Study Procedures**

64 If you agree to participate, you will be asked to answer an on-line survey consisting of 40 questions on
65 school services on various health areas. It is estimated that the survey will be 30 to 40 minutes.

66 Only the RITM research team led by Dr. Rossana Ditangco will have access to the results of the survey
67 and all other records related to this study. The records will be kept in secured cabinets and all electronic
68 records will be kept in password encrypted database. Paper and electronic records will be archived and
69 disposed following the RITM RMIC Manual based on the National Archives of the Philippines Policy.

 Answer first	<i>Put a check in the box of your answer.</i>	AGREE	DISAGREE
	I understand that this survey will require me to go on-line to access the questionnaire where I will be able to view the questions and provide my answers.	<input type="checkbox"/>	<input type="checkbox"/>


70

71 **Duration**

72 Your participation in the study is limited to the time spent for the survey. Survey completion is projected
73 to take approximately 30-40 minutes.

74 **Risks**

75 The risks associated with participating in this study are considered to be low. We will not be asking
76 sensitive questions such sexual orientation or sexual practices or about your HIV status. We will not
77 collect any personal information except for sex and age of the individual completing the survey.

 Answer first	<i>Put a check in the box of your answer.</i>	AGREE	DISAGREE
	I understand that the risks associated with participating in this study are considered low. The research team will <u>not</u> ask sensitive questions, such as sexual orientation or sexual practices or about my HIV status.	<input type="checkbox"/>	<input type="checkbox"/>

78

79 **Benefit**

80 You may not directly benefit from participating in this study. However, it is anticipated that the
81 information you will provide will help inform the development and implementation of appropriate HIV
82 testing services in school and other school health services which could subsequently benefit high school
83 students in the country.

84 **Reimbursement**


85 There is no cost for joining this study nor you will receive any compensation for the interview.





86 **Confidentiality**

87 No personal information will be collected that will identify participants. Demographic data will be limited
88 to gender and age. All local electronic databases used to enter study data will be secured with password-
89 protected access systems. All other physical documents, such as survey files, will be kept in secured
90 cabinets. Data will be anonymized by assigning unique codes to each participant. Principal Investigators
91 would be responsible for data protection and storage. Your data will be stored securely for five years after
92 the study ends and will then be destroyed.

 Answer first	Put a check in the box of your answer. I understand that the research team will <u>not</u> record additional personal information in the questionnaire, <u>except</u> for my age and sex.	AGREE <input type="checkbox"/>	DISAGREE <input type="checkbox"/>
	I understand that my information will be kept confidential and that only the authorized members of the research team will have access to the data collected.	<input type="checkbox"/>	<input type="checkbox"/>


93

94 **Sharing the Results**

95 Results of this survey will be shared with the Department of Education. Other data from this study will be
96 shared with the Department of Education and local stakeholders such as the Philippine National AIDS
97 Council and the Department of Health with interest in the study and the issues it assesses. Study findings
98 will be presented in the form of academic abstracts or manuscripts submitted to appropriate conferences
99 or peer-reviewed journals.

100 **Right to Refuse or Withdraw**

101 Taking part in the study is voluntary. You may decide not to take part in this study and can withdraw
102 from this study at any time for any reason. Your decision will not affect your position in the
103 school/office.

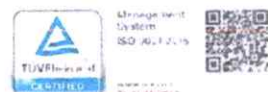
 Answer first	Put a check in the box of your answer. I am free to withdraw my consent at any time, even if I have previously given my consent to join.	AGREE <input type="checkbox"/>	DISAGREE <input type="checkbox"/>

104

105 **Who to Contact**

106 If you have any questions about the study or your participation, you are free to contact the Principal
107 investigator: Dr. Rossana Ditangco at 0917-153-0312.

108 If you have questions about your rights as a research subject, you may contact the RITM IRB through Dr.





109 Edison Alberto at 8807-2631/-2632/-2637 loc. 416. The IRB is a group of people that reviews studies to
110 ensure the safety and protection of rights of those participating in the study.

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SCHOOL HEALTH PROFILES

Title: "*Lunas* Eskwela": Leveraging, Understanding, and Navigating Access to School-based HIV testing for High School Students in the Philippines
Version: 2.0 June 17, 2025

This questionnaire will be used to assess school health programs and policies in your school. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in your school. Please consult with other people if you are not sure of an answer. Encircle the letter/s of your answer.

Person completing this questionnaire

Field	Response
Participant ID	_____
Age	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private (Non-sectarian) <input type="checkbox"/> Private (Sectarian)
Region	<input type="checkbox"/> NCR <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4A

SEXUAL AND GENDER MINORITY STUDENTS

1. Does your school have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity? These clubs sometimes are called Gay/Straight Alliances or Genders and Sexualities Alliances (GSAs). (Mark one response.)

- A. Yes
B. No

2. Does your school engage in each of the following practices related to lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) youth? (Mark yes or no for each practice.)

	Practice	Yes	No
a.	Identify "safe spaces" (e.g., a counselor's office, designated classroom, student organization) where LGBTQ youth can receive support from administrators, teachers, or other school staff.....	1	2
b.	Prohibit harassment based on a student's perceived or actual		

- sexual orientation or gender identity.....12
- c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity12
- d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STI testing and counseling, to LGBTQ youth12
- e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth12

BULLYING AND SEXUAL HARASSMENT

(Definitions: “Bullying” means when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly. “Sexual harassment” means unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature. “Electronic aggression,” sometimes called cyber-bullying, is a type of bullying or sexual harassment that occurs when students use a cell phone, the Internet, or other electronic communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.)

- 3. **During the past year, did all staff at your school receive professional development on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression? (Mark one response.)**
 - A. Yes
 - B. No
- 4. **Does your school have a designated staff member to whom students can confidentially report student bullying and sexual harassment, including electronic aggression? (Mark one response.)**
 - A. Yes
 - B. No

SUICIDE PREVENTION

- 5. **Does your school have written protocols for each of the following suicide prevention practices? (Mark yes or no for each practice.)**

	Practice	Yes	No
a.	Assessing student suicide risk.....	1	2
b.	Notifying parents when a student is at risk for suicide.....	1	2
c.	Referring students at risk for suicide to mental health services.....	1	2
d.	Responding to a suicide attempt at school.....	1	2
e.	Supporting students returning to school after a suicide attempt.....	1	2
f.	Responding to the death of a student or staff member from suicide	1	2

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

6. During the past year, did each of the following types of staff attend professional development (e.g., workshops, conferences, continuing education, any other kind of in-service) related to physical education or other strategies for integrating more physical activity into the school day? (Mark yes or no for each type of staff.)

Type of staff		Yes	No
a.	Physical education teachers or specialists	1	2
b.	Classroom teachers	1	2
c.	Other school staff.....	1	2

7. Does your school engage in the following physical education practices? (Mark yes or no for each practice.)

Practice		Yes	No
a.	Provide physical education teachers with a written physical education curriculum that aligns with national standards for physical education	1	2
b.	Require physical education teachers to follow a written physical education curriculum	1	2
c.	Allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer ...	1	2
d.	Allow teachers to exclude students from physical education to punish them for inappropriate behavior or failure to complete class work in another class	1	2
e.	Require physical education teachers to be certified, licensed, or endorsed by the state in physical education.....	1	2
f.	Limit physical education class sizes so that they are the same size as other subject areas	1	2
g.	Have a dedicated budget for physical education materials and equipment.....	1	2
h.	Provide adapted physical education (i.e., special courses separate from regular physical education courses) for students with disabilities as appropriate.....	1	2
i.	Include students with disabilities in regular physical education courses as appropriate	1	2

8. Outside of physical education, do students participate in physical activity in classrooms during the school day? (Mark one response.)

- A. Yes
- B. No

9. Not including physical education and classroom physical activity, does your school offer opportunities for all students to be physically active during the school day, such as recess, lunchtime intramural activities, or physical activity clubs? (Mark one response.)

- A. Yes
- B. No

10. Does your school offer interscholastic sports to students? (Mark one response.)

- A. Yes
- B. No

11. Does your school offer opportunities for students to participate in physical activity through organized physical activities or access to facilities or equipment for physical activity during the following times? (Mark yes or no for each time.)

Time	Yes	No
a. Before the school day.....	1	2
b. After the school day.....	1	2

12. A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities. Does your school, either directly or through the school district, have a joint use agreement for shared use of the following school or community facilities? (Mark yes or no for each facility.)

Facility	Yes	No
a. Physical activity or sports facilities	1	2
b. Kitchen facilities and equipment	1	2
c. Gardens (e.g., herb or vegetable plots)	1	2

13. Does your school have a written plan for providing opportunities for students to be physically active before, during, and after school? This also may be referred to as a Comprehensive School Physical Activity Program plan. (Mark one response.)

- A. Yes
- B. No

14. During the past year, has your school assessed opportunities available to students to be physically active before, during, or after school? (Mark one response.)

- A. Yes
- B. No

TOBACCO-USE PREVENTION POLICIES

15. Has your school adopted a policy prohibiting tobacco use? (Mark one response.)

- A. Yes
- B. No —→ Skip to Question 19

16. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

	Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	Cigarettes	1	2	1	2	1	2
b.	Smokeless tobacco (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco).....	1	2	1	2	1	2
c.	Cigars	1	2	1	2	1	2
d.	Pipes.....	1	2	1	2	1	2
e.	Electronic vapor products (e.g., e-cigarettes, vapes, vape pens,)	1	2	1	2	1	2

17. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

	Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	During school hours.....	1	2	1	2	1	2
b.	During non-school hours.....	1	2	1	2	1	2

18. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

	Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
		Yes	No	Yes	No	Yes	No
a.	In school buildings.....	1	2	1	2	1	2
b.	Outside on school grounds, including parking lots and playing fields.....	1	2	1	2	1	2
c.	On school buses or other vehicles used to transport students.....	1	2	1	2	1	2
d.	At off-campus, school-sponsored events	1	2	1	2	1	2

19. When students are caught using electronic vapor products, how often are each of the following actions taken? (Mark one response for each action.)

		Never	Rarely	Sometimes	Always or almost always
a.	Issue a warning to the student.....	1.....	2.....	3.....	4
b.	Confiscate product	1.....	2.....	3.....	4
c.	Notify parents or guardians.....	1.....	2.....	3.....	4
d.	Develop a behavior contract with the student.....	1.....	2.....	3.....	4
e.	Refer to a school counselor.....	1.....	2.....	3.....	4
f.	Refer to a school administrator.....	1.....	2.....	3.....	4
g.	Refer to an assistance, education, or cessation program.....	1.....	2.....	3.....	4
h.	Refer to legal authorities (e.g., school resource officer).....	1.....	2.....	3.....	4
i.	Issue an in-school suspension (half day or full day).....	1.....	2.....	3.....	4
j.	Issue an after-school or weekend detention.....	1.....	2.....	3.....	4
k.	Issue an out-of-school suspension.....	1.....	2.....	3.....	4
l.	Expel from school.....	1.....	2.....	3.....	4

NUTRITION-RELATED POLICIES AND PRACTICES

20. When foods or beverages are offered at school celebrations, how often are fruits or non-fried vegetables offered? (Mark one response.)

- A. Foods or beverages are not offered at school celebrations.
- B. Never
- C. Rarely
- D. Sometime
- E. Always or almost always

21. Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar? (Mark one response.)

- A. Yes
- B. No → Skip to Question 23

22. Can students purchase each of the following snack foods or beverages from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

		Yes	No
a.	Chocolate candy.....	1.....	2
b.	Other kinds of candy.....	1.....	2
c.	Salty snacks that are not low in fat (e.g., regular potato chips).....	1.....	2
d.	Low sodium or “no added salt” pretzels, crackers, or chips.....	1.....	2

e.	Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	1	.....	2
f.	Ice cream or frozen yogurt that is not low in fat.....	1	.....	2
g.	2% or whole milk (plain or flavored)	1	.....	2
h.	Nonfat or 1% (low-fat) milk (plain).....	1	.....	2
i.	Water ices or frozen slushes that do not contain juice.....	1	.....	2
j.	Soda pop or fruit drinks that are not 100% juice	1	.....	2
k.	Sports drinks (e.g., Gatorade)	1	.....	2
l.	Energy drinks (e.g., Red Bull, Monster).....	1	.....	2
m.	Plain water, with or without carbonation (e.g., Wilkins, Absolute Summit Water).....	1	.....	2
n.	Calorie-free, flavored water, with or without carbonation (e.g., B'lue, Wilkins).....	1	.....	2
o.	100% fruit or vegetable juice	1	.....	2
p.	Foods or beverages containing caffeine.....	1	.....	2
q.	Fruits (not fruit juice).....	1	.....	2
r.	Non-fried vegetables (not vegetable juice)	1	.....	2

23. During this school year, has your school done any of the following? (Mark yes or no for each.)

		Yes		No
a.	Priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages	1	.....	2
b.	Collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating	1	.....	2
c.	Provided information to students or families on the nutrition and caloric content of foods available	1	.....	2
d.	Conducted taste tests to determine food preferences for nutritious items.....	1	.....	2
e.	Served locally or regionally grown foods in the cafeteria or classrooms	1	.....	2
f.	Planted a school food or vegetable garden	1	.....	2
g.	Placed fruits and vegetables near the cafeteria cashier, where they are easy to access	1	.....	2
h.	Used attractive displays for fruits and vegetables in the cafeteria.....	1	.....	2
i.	Offered a self-serve salad bar to students	1	.....	2
j.	Provided students with at least 20 minutes to eat lunch after they receive their meal	1	.....	2
k.	Encouraged students to drink plain water	1	.....	2
l.	Prohibited school staff from giving students food or food coupons as a reward for good behavior or good academic performance	1	.....	2
m.	Prohibited less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes	1	.....	2

- 24. Does your school prohibit advertisements for candy, fast food restaurants, or soft drinks in each of the following locations? (Mark yes or no for each location.)**

Location	Yes	No
a. In school buildings	1	2
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus	1	2
c. On school buses or other vehicles used to transport students	1	2
d. In school publications (e.g., newsletters, newspapers, web sites, other school publications)	1	2
e. In curricula or other educational materials (including assignment books, school supplies, book covers, and electronic media)	1	2

- 25. Are students permitted to have a drinking water bottle with them during the school day? (Mark one response.)**

- A. Yes, in all locations
- B. Yes, in certain locations
- C. No

- 26. Does your school offer a free source of drinking water in the following locations? (Mark yes or no for each location, or mark NA if your school does not have that location.)**

Location	Yes	No	NA
a. Cafeteria during breakfast	1	2	3
b. Cafeteria during lunch	1	2	3
c. Gymnasium or other indoor physical activity facilities	1	2	3
d. Outdoor physical activity facilities or sports fields	1	2	3
e. Hallways throughout the school	1	2	3

HEALTH SERVICES

- 27. Is there a full-time registered nurse who provides health services to students at your school? (A full-time nurse means that a nurse is at the school during all school hours, 5 days per week.) (Mark one response.)**

- A. Yes
- B. No

- 28. Is there a part-time registered nurse who provides health services to students at your school? (A part-time nurse means that a nurse is at the school less than 5 days a week, less than all school hours, or both.) (Mark one response.)**

- A. Yes
- B. No

- 29. Does your school have a school-based health center that offers health services to students? (School-based health centers are places on school campus where enrolled students can**

receive primary care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician’s assistant.) (Mark one response.)

- A. Yes
- B. No

30. Does your school provide the following services to students? (Mark yes or no for each service.)

Service	Yes	No
a. HIV testing.....	1	2
b. HIV treatment (ongoing medical care for persons living with HIV)....	1	2
c. STI testing.....	1	2
d. STI treatment	1	2
e. Pregnancy testing	1	2
f. Provision of condoms	1	2
g. Provision of condom-compatible lubricants (i.e., water- or silicone-based)	1	2
h. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	1	2
i. Prenatal care.....	1	2
j. Human papillomavirus (HPV) vaccine administration.....	1	2
k. Assessment for alcohol or other drug use, abuse, or dependency	1	2
l. Tobacco-use cessation (e.g., individual or group counseling).....	1	2
m. Daily medication administration for students with chronic health conditions (e.g., asthma, diabetes).....	1	2
n. Stock rescue or “as needed” medication for any student experiencing a health emergency (e.g., asthma episode, severe allergic reaction, opioid overdose)	1	2
o. Case management for students with chronic health conditions (e.g., asthma, diabetes)	1	2

31. Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? (Mark yes or no for each service.)

	Service	Yes	No
a.	HIV testing.....	1	2
b.	HIV treatment (ongoing medical care for persons living with HIV)....	1	2
c.	HIV PEP (post-exposure prophylaxis for HIV—a course of medication given within 72 hours of possible exposure to HIV)	1	2
d.	PrEP (pre-exposure prophylaxis for HIV—medication taken to prevent HIV infection for those at risk for HIV)	1	2
e.	STI testing.....	1	2
f.	STI treatment	1	2
g.	Pregnancy testing	1	2
h.	Provision of condoms	1	2
i.	Provision of condom-compatible lubricants (i.e., water- or silicone-based)	1	2
j.	Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device [IUD]).....	1	2
k.	Prenatal care.....	1	2
l.	Human papillomavirus (HPV) vaccine administration.....	1	2
m.	Other vaccine administration (e.g., COVID-19, influenza).....	1	2
n.	Alcohol or other drug abuse treatment.....	1	2
o.	Tobacco-use cessation (e.g., individual or group counseling).....	1	2

32. Does your school have a protocol that ensures students with a chronic condition that may require daily or emergency management (e.g., asthma, diabetes, food allergies) are enrolled in private, state, or federally funded insurance programs if eligible? (Mark one response.)

- A. Yes
- B. No

33. Does your school routinely use school records to identify and track students with a current diagnosis of the following chronic conditions? School records might include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes. (Mark yes or no for each condition.)

	Condition	Yes	No
a.	Asthma	1	2
b.	Food allergies	1	2
c.	Diabetes.....	1	2
d.	Epilepsy or seizure disorder	1	2
e.	Obesity	1	2
f.	Hypertension/high blood pressure	1	2
g.	Oral health condition (e.g., abscess, tooth decay).....	1	2

34. Does your school provide referrals to any organizations or health care professionals not on school property for students diagnosed with or suspected to have any of the following chronic

conditions? Include referrals to school-based health centers, even if they are located on school property. (Mark yes or no for each condition.)

	Condition	Yes	No
a.	Asthma	1	2
b.	Food allergies	1	2
c.	Diabetes.....	1	2
d.	Epilepsy or seizure disorder.....	1	2
e.	Obesity	1	2
f.	Hypertension/high blood pressure	1	2
g.	Oral health condition (e.g., abscess, tooth decay).....	1	2

35. During the past two years, did any staff in your school receive professional development on each of the following topics? (Mark yes or no for each topic.)

	Topic	Yes	No
a.	Basic sexual health overview including community-specific information about STI, HIV, and unplanned pregnancy rates and prevention strategies.....	1	2
b.	Sexual health services that adolescents should receive	1	2
c.	Laws and policies related to adolescent sexual health services, such as minor consent for sexual health services.....	1	2
d.	Importance of maintaining student confidentiality for sexual health services.....	1	2
e.	How to create or use a student referral guide for sexual health services.....	1	2
f.	How to make successful referrals of students to sexual health services.....	1	2
g.	Best practices for adolescent sexual health services provision, such as making services youth-friendly	1	2
h.	Ensuring sexual health services are inclusive of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) students	1	2

MENTAL HEALTH

36. Does your school provide each of the following mental health programs or services to students? (Mark yes or no for each program or service.)

	Program or service	Yes	No
a.	Universal mental health promotion programs (e.g., Positive Behavioral Interventions and Supports, Social-Emotional Learning programs or supports).....	1	2
b.	Confidential mental health screening to identify students in need of services (e.g., students at risk of mental health disorders, students experiencing trauma)	1	2
c.	School-wide trauma-informed practices (i.e., efforts		

- to ensure that all students, including those affected by trauma, are experiencing social, emotional, and educational success)..... 12
- d. Small, topic-focused counseling or therapeutic groups (e.g., cognitive behavioral therapy [CBT], pro-social skills, stress management)..... 12
- e. Multitiered systems of support (MTSS) (i.e., providing comprehensive differentiated supports to support students' mental and behavioral health)..... 12

37. During the regular school day, are there set opportunities for students to check in on their emotions and connect with their peers and teacher (e.g., “morning meeting” or “advisory period”)? (Mark one response.)

- A. Yes
- B. No

FAMILY AND COMMUNITY INVOLVEMENT

38. During this school year, has your school done any of the following activities? (Mark yes or no for each activity.)

Activity	Yes	No
a. Provided parents with information to support parent-adolescent communication about sex	1	2
b. Provided parents with information to support parent-adolescent communication about mental and emotional health	1	2
c. Provided parents with information to support parent-adolescent communication about other topics (e.g., substance use).....	1	2
d. Provided parents with information about how to monitor their teen (e.g., setting parental expectations, keeping track of their teen, responding when their teen breaks the rules)	1	2
e. Provided parents with information to support one-on-one time between adolescents and their health care providers	1	2
f. Provided parents with information about physical education and physical activity programs	1	2
g. Involved parents as school volunteers in physical education or physical activity programs	1	2
h. Linked parents and families to health services and programs in the community	1	2
i. Provided disease-specific education for parents and families of students with chronic health conditions (e.g., asthma, diabetes)...1	1	2
j. Provided parents with information about before- or after-school programs available in the community.....	1	2
k. Provided parents with access to information about relevant portions of school Emergency Operations Plans (EOPs) or similar plans		

(e.g., reunification plans, upcoming drills, emergency communication methods).....12

(Definition: A positive youth development program is any prosocial activity that engages youth within their communities, schools, organizations, peer groups, and families to enhance their strengths and promote positive outcomes.)

39. Currently, does your school implement any of the following school-based positive youth development programs? (A school-based program is one that is led by the school or school district.) (Mark yes or no for each program.)

Program		Yes	No
a.	Service-learning programs, that is, community service designed to meet specific learning objectives.....	1	.....2
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	1	.....2

40. Currently, does your school connect students to any of the following community-based positive youth development programs? (A community-based program is one that is led by a community organization, but to which your school refers students. Include only community-based programs that are collaborations between your school and the program.) (Mark yes or no for each program.)

Program		Yes	No
a.	Service-learning programs, that is, community service designed to meet specific learning objectives.....	1	.....2
b.	Mentoring programs, that is, programs in which family or community members serve as role models to students or mentor students	1	.....2

Thank you for your responses.

Adopted from: Center for Disease Control and Prevention 2020 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL QUESTIONNAIRE chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/school-health-profiles/questionnaires/pdf/2020/2020questionnairep.pdf

1 **"Lunas Eskwela": Leveraging, Understanding, and Navigating Access to School-**
2 **based HIV testing for High School Students in the Philippines**

3 Version 4.0 November 5, 2025

4 "Lunas" is a Filipino term that embodies the application of treatment to cure a disease, a way of
5 solving a problem or creation of solutions and interventions for pressing social issues. Guided by
6 this concept, our project seeks to deeply understand the realities on the ground—exploring what
7 high school students, parents, and teachers know and feel about HIV and HIV testing. By
8 leveraging existing guidelines and identifying what strategies work and what don't, we aim to
9 navigate prevailing sentiments and stigma surrounding HIV testing. Through this process, we will
10 socially and culturally shape an approach to introduce school-based HIV testing in a way that is
11 acceptable and empowering for Filipino youth. In doing so, we strive to offer a
12 meaningful 'lunas'—a solution—to the growing HIV epidemic that disproportionately impacts
13 adolescents and young people in the Philippines.

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16 **Principal investigator:**

17 Rossana A. Ditangco, MD, FPCP, FPSMID
18 Research Institute for Tropical Medicine

19
20 **Co-investigators:**

21 Anna Maureen Dungca-Lorilla, MD
22 Research Institute for Tropical Medicine

23
24 Marianette T. Inobaya, PhD
25 Research Institute for Tropical Medicine

26
27 Mark Donald C. Reñosa, RN, MSN, MScIH, DNS, PhD
28 Research Institute for Tropical Medicine

29
30 Johanna Beulah T. Sornillo, RMT, MPH
31 Research Institute for Tropical Medicine

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33
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36 Study Sponsor: Disease Prevention and Control Bureau, Department of Health
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42 **1. INTRODUCTION**

43
44 While the Asia Pacific Region had 13% decrease in new HIV infections and 51% decrease in AIDS-
45 related deaths since 2010, the Philippines had been experiencing 418% increase in new HIV infections and
46 538% increase in HIV related death (1). As early as 2011 to 2015, newly diagnosed cases among the young
47 key affected population had increased by 230% of which male to male sex and males who have sex with
48 both male and female (MSM) were the two predominant modes of transmission (2). AIDS Epidemic
49 Modeling estimates using the 2013-2015 Integrated HIV Behavioral and Serologic Surveillance data show
50 that seven of ten (68%) of new HIV infections are among young MSM who are 15 to 24 years old (3).
51 Factors that contribute to a higher likelihood of contracting HIV include inadequate HIV knowledge,
52 substance abuse and lack of proper access to preventive measures (4).

53
54 From January 1984 to March 2025, 9221 deaths have been reported, of whom 47% were the
55 advanced stage of the disease at the time of HIV testing. Fourteen percent of the reported deaths were
56 among 15 to 20 years old. The proportion of newly diagnosed cases with advanced HIV disease has been
57 increasing in the past ten years comprising almost one third of new cases (5). It is common knowledge
58 that HIV acquisition precedes HIV testing for several years and deaths were highly underreported.

59
60 As of March 2025, the estimated number of Filipinos with HIV was 252,800 of whom only 139,610
61 (55%) were tested. Most cases were from the National Capital Region (32%) and contiguous regions
62 Region 4A (17%) and Region 3 (11%). Majority were male (94%) and 87% were men who have sex with
63 men. From the estimated 13, 700 aged 10-19 years old persons with HIV (PwHIV), only 6,713 (49%) were
64 tested for HIV (5).

65
66 Low HIV testing rate among the youth is a global problem. In 2023 in the Eastern and Southern
67 African region, only 25% of girls and 17% of boys aged 15–19 was tested for HIV and received their result
68 in the last 12 months (6). In the United States, a report in 2019 noted that 9% of students who had sexual
69 contact with a person of the opposite sex were tested for HIV, and 13% of students who had sexual contact
70 with persons of the same or both sexes were tested for HIV. (7) In a retrospective study among
71 adolescents and young adults aged 13 to 24 years seen in 2 urban primary care clinics in Philadelphia, only
72 55% of visits for an acute sexually transmitted infection episode were associated with a completed HIV
73 test (8). The reasons for the discordance between HIV risk behavior and HIV testing rates in youth are
74 myriad and include lack of knowledge about HIV risk, lack of perceived risk, sense of invulnerability to
75 disease, lack of access to (or awareness of) free and confidential HIV testing sites, lack of medical provider
76 awareness and overall limited engagement with health systems.

77
78 HIV testing is a very important intervention for both treatment and prevention. Positive cases
79 could be immediately linked to care services and started on life saving antiretroviral therapy. Individuals
80 who are on effective treatment and virally suppressed could not transmit HIV to sexual partners. Since
81 HIV testing is accompanied with pre and posttest counseling, those who are uninfected would have access
82 to education, counseling and preventive services to maintain their HIV negative status.

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In order to achieve the global 95-95-95 target (95% of PwHIV are tested and know their result, 95% of tested are started on treatment and 95% of those on treatment are virally suppressed), the Philippines promulgated policies that would facilitate HIV testing. Parental consent is no longer required for HIV testing among 15 to less than 18 years old. Young individuals below 15 years of age can undergo HIV testing even without parental consent if they are at risk for HIV acquisition and under the guidance of a professional health care worker (9). Furthermore, point of care rapid test can already be done outside the laboratory such as in clinics, office or outreach activities by non-medical technologists such as other professional health care workers or trained lay persons (10). HIV testing services are currently available only in local government unit (LGU) run public sexual health clinics or social hygiene clinics, TB clinics, antenatal clinics, hospitals, community centers managed by community based organizations (CBOs) and HIV treatment facilities. HIV testing outreach activities are spearheaded by LGU clinics or CBOs.

As of 2022 Philippine census, 97.6% of the 4,429,000 13- to 14-year-old, 96% of the 4,092,000 15–16-year-old and 83% of the 6,254,000 17 to 18 year old are enrolled in school (11). Schools may have the potential to reach in-school adolescents as they educate many youths. In South Africa, HIV testing in high schools have been studied to increase access and reach of HIV testing among students such as through mobile testing with health care workers providing HIV testing. The level of acceptability was high at 76% and from 64% to 72% of the students expressed their willingness to undergo screening at school. However, 10% of students expressed concerns regarding privacy and confidentiality (12, 13). Parents also supported the intervention with 93% acceptability and 88% indicating willingness to allow their children to undergo HIV testing at school (14). Reasons for high acceptability included accessibility and convenience compared to a health facility.

In the Philippines, schools' roles in the HIV epidemic remains to be provision of HIV/AIDS education since 2012 (15). While mobile HIV testing, HIV awareness lectures with HIV counseling and testing and peer education training on HIV for students have been initiated by some schools in collaboration with non-government organizations or local health departments (16), school-based HIV testing has not yet been integrated into the national HIV program to better reach in-school adolescents. In one of the mobile HIV testing activities done in high schools in the province of South Cotabato in the Philippines, at least 13 new cases of HIV infection among senior high school students were identified and properly linked to care in their local HIV clinic (17-18).

If school-based HIV testing is to be rolled out in high schools in the Philippines, understanding students' acceptability, knowledge, attitudes and practice on HIV services, is essential to be locally acceptable to adolescent students who will utilize these services. These will inform the design of a youth-friendly, confidential HIV service needed for the uptake and success of the intervention. In addition, acceptability and implementation success will also depend on the perspective and support of important stakeholders, including parents, teachers, school officials, policy makers, and school-based healthcare workers. Hence, this study will explore the acceptability, barriers, facilitators and strategies of implementing a school-based HIV testing services and linkage to care or prevention in schools in the Philippines.

125
 126 **1.1. Study Rationale**
 127 The effective implementation of school-based HIV services can help address low testing rate
 128 among young people in the country. It could facilitate early HIV detection (thereby reducing the
 129 proportion of those diagnosed in the advanced stage of the disease) and immediate linkage to treatment
 130 and prevention services. Hence this first part of a research on school-based HIV testing services will
 131 determine barriers and facilitators in establishing HIV services within the school.
 132

133 **Table 1. Facilitators of and Barriers to School-based HIV Testing**

	Facilitators/enablers	Barriers
Students		
Knowledge	Adequate knowledge about HIV and HIV testing	Poor/lack of knowledge about HIV and HIV testing
Attitude	Positive attitude towards HIV and HIV testing in school	Negative attitude towards HIV and HIV testing in school
Perception	Positive perception	Negative perception
		Fear of stigma and discrimination
Parents		
Attitude	Positive attitude towards HIV and HIV testing in school	Negative attitude towards HIV and HIV testing in school
Teachers/school staff/school official/DepEd officials		
	Positive attitude towards HIV and HIV testing in school	Negative attitude towards HIV and HIV testing in school
Facility		
	Trained personnel	Lack of trained personnel
	Confidentiality of counseling and testing procedures	Unavailability of counseling and testing room
	Availability of test kits	No access to test kits
	Availability of counseling and testing spaces/area	Lack of appropriate counseling and testing standard procedures

134
 135
 136 **1.2. Study Objectives**
 137
 138 **General Objectives:**
 139 ● To determine the barriers and facilitators in implementing school-based HIV testing services for
 140 high school students in the Philippines
 141
 142 **Specific Objectives:**

- 143 ● To determine the knowledge, attitudes, and practices around HIV and HIV services of high school
- 144 students, and attitudes and practices around HIV and HIV testing of their parents,
- 145 ● To determine the factors associated with acceptability of HIV testing services in high school
- 146 ● To identify individual, facility and systems level barriers and facilitators to the implementation of
- 147 school-based HIV testing services for high school students
- 148 ● To identify school facility and resources required to implement school-based HIV testing for high
- 149 school students

150
151

152 2. MATERIALS AND METHODS

153

154 2.1. Study Design

155 This will employ a sequential mixed methods design where the quantitative survey will be done
156 prior to the qualitative component.

157 A quantitative survey on HIV and HIV services related knowledge, attitudes and practices (KAP)
158 will be conducted among high school students and their parents. School facility survey will also be
159 conducted to identify availability of health services and resources.

160 Next will be a qualitative method that will employ in depth interviews among students, parents,
161 teachers school officials, school health personnel and policy makers. The qualitative component will be
162 conducted to identify barriers, facilitators and resources needed to implement a school-based HIV testing
163 service. In addition, results from the KAP will be further explored during the interviews as either barriers
164 or facilitators that may support implementation of the given service.

165

166 2.2. Study Site

167 The study will be conducted in schools that provide secondary education located in the 3 regions
168 with highest reported HIV cases (NCR, Region 4A and Region 3). This will include varied school types such
169 as public, private non-sectarian and private sectarian/Catholic.

170

171 2.3. Study Duration

172 The study duration, including the data collection and analysis focused on addressing the study
173 objective, will be over a 9-month period following IRB approval.

174

175 2.4. Study Population

176 The study population will include High School students, parents, teachers, school officials, policy
177 makers and school-based health workers.

178

179 **Table 2. Inclusion/Exclusion Criteria**

Stakeholder	Inclusion criteria	Exclusion Criteria
Student	<ul style="list-style-type: none"> ● High school student currently enrolled in the selected schools ● Male and female 	<ul style="list-style-type: none"> ● Not currently enrolled in the selected schools ● Did not consent

	<ul style="list-style-type: none"> ● 13 years old and above ● With assent (<18 years old) or consent (>18 years old) to join the study 	
Parents	<ul style="list-style-type: none"> ● Parents or parent substitute (for this study synonymous with legal guardian, who will only be considered if parents are no longer around) of the selected students ● With consent to join the study 	<ul style="list-style-type: none"> ● Did not consent to join the study
Teachers	<ul style="list-style-type: none"> ● Currently teaching junior or senior high school students in schools included in the study sites ● Working in the position for at least 6 months ● With consent to join the study 	
School Officials	<ul style="list-style-type: none"> ● Principal or school official acting in that capacity in schools included in the study sites ● Working in the position for at least 6 months ● With consent to join the study 	
School health personnel	<ul style="list-style-type: none"> ● Doctors or nurses, full time or part time working in schools included in the study sites ● Working in the position for at least 6 months ● With consent to join the study 	
Policymakers	<ul style="list-style-type: none"> ● Department of Education Regional Office Officials (such as regional director or his designate) ● Department of Education Division office officials (superintendent, assistant superintendent) With consent to join the study 	

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183 **2.5. Study sample and sampling technique/selection criteria, and Sample size estimation**

184 To address the objective measuring the levels of knowledge, attitudes, and practices related to
185 HIV, we considered the study conducted by De Souza et al. on students, teachers, and parents in India and
186 used their estimates as assumptions in calculating the target number of respondents by participant group.
187 In their analysis, 14% of students, and 40% of parents exhibited high level of knowledge about HIV/AIDS
188 (19). Using these proportions with a 95% confidence level and a 3.5% margin of error, 382 high school
189 students shall be surveyed. Similarly, with a 5% level of precision and 366 parents of these students shall
190 be included in the study. To account for non-response, an allowance of 15% shall be factored in, thereby
191 increasing the sample size to 440 students and 420 parents. With this, the number of parents to be
192 recruited will catch up as dyads of students and parents are recruited. Therefore, **440 students** and **440**
193 **parents** will be recruited for the KAP survey.

194
195 A multi-stage *stratified random* sampling technique will be utilized for this quantitative aspect of
196 the study. From each of the identified regions (NCR, region 4A and region 3), a list of schools will be
197 requested and generated. Each school type (public, private sectarian and non-sectarian) in NCR and per
198 province for region 3 and region 4A will be arranged alphabetically. One school per type will be randomly
199 selected from the alphabetical lists for NCR and ;for region 3 and region 4A, the provinces closest to NCR
200 (Pampanga and Cavite respectively) one school per province and school type will be randomly selected
201 from the alphabetical lists for a total of 9 schools. A letter of request to conduct the research will be sent
202 to each school initially selected. Should a school decline to participate, the next school in the
203 randomization list will be invited and so on.

204
205 From each selected school, 1 class per grade level (grade 7 to 12) will be randomly selected. From
206 the selected class, 10 students will be randomly selected per class for a total of 60 students per school.
207 Parents of these students shall also be invited to participate in the study. (Table 3)

208
209 **Table 3. Quantitative component sample size for students and parents**

School type	Region		
	NCR	4A	3
	N=school (N=student)	N=school (N=student)	N=school (N=student)
Public	1 (60)	1 (60)	1 (60)
Private sectarian	1 (60)	1 (60)	1 (60)
Private non-sectarian	1 (60)	1 (60)	1 (60)

210
211 For the school facility survey, in coordination with the DepEd Regional offices, all schools that
212 provide secondary education in the 3 selected regions will be invited through email to answer the on-line
213 survey. It is expected that at least 50% of the schools in each region will participate and respond to this
214 school survey, specifically 350 of 700 schools in NCR, 367 of 735 schools in Region III, and 952 of 1,904
215 schools in Region IVA, based on email communication with NCR, Region 3, and Region IV-A and current
216 census of schools from DepEd website (<https://www.deped.gov.ph/k-to-12/senior-high-school/list-of-senior-high-schools/>).
217

218 The qualitative component of the study will employ purposive sampling techniques. For parents
 219 and students, they will be purposively sampled based on the survey results to gain maximum range of
 220 perspectives and depth of information, by including participants who perceive school-based HIV testing
 221 to be acceptable, unacceptable, or are still undecided about the matter. The sample size considerations
 222 follow the recommendation of Malterud and colleagues' concept of information power in qualitative
 223 interviews (20). The principle of information power suggests that the sample sizes must be determined
 224 with due consideration to encompass a depth for a comprehensive description and response to the
 225 research questions. Additionally, the qualitative sample size estimate is designed to follow either data or
 226 theoretical saturation. Table 4-8 outlines the qualitative component sample size estimates. Similarly,
 227 purposive sampling by the research team will also be employed in recruiting participants for IDI among
 228 teachers, school officials, school-based healthcare workers and policymakers.

229

230 **Table 4. Qualitative component sample size estimates**

Data collection technique	Target population	Sample size estimates
1. In-depth interview (IDIs)	School Officials (i.e. Principals, assistant principal or deputy, School Directors, assistant director or deputy)	15-30 IDIs
	School health personnel (i.e. school physicians, school nurses)	15-30 IDIs
	Policymakers	15-30 IDIs
	Students	18-30 IDIs
	Parents	18-30 IDIs
	Teachers	15-30 IDIs

231

232 Parents and students from the schools that participated in the quantitative survey will be
 233 recruited for the interview.

234

235 **Table 5. Distribution of qualitative sample size across school types and regions for students and parents**

School type	Region		
	NCR	4A	3
	Sample size	Sample size	Sample size
Public	1 junior , 1 senior	1 junior, 1 senior	1 junior, 1 senior
Private sectarian	1 junior, 1 senior	1 junior, 1 senior	1 junior, 1 senior
Private non-sectarian	1 junior, 1 senior	1 junior, 1 senior	1 junior, 1 senior

236

237

238

239 **Table 6. Distribution of qualitative sample size across school types and regions for teachers**

	Region

School type	NCR	4A	3
	Sample size	Sample size	Sample size
Public	1-3	1-3	1-3
Private sectarian	1-3	1-3	1-3
Private non-sectarian	1-3	1-3	1-3

240

241 It is possible that the required sample size for the IDI for school officials and school health
 242 personnel may not be reached by schools that participated in the quantitative survey hence schools next
 243 in the list on the pre-identified list of schools by sampling per region will be considered.

244

245 **Table 7. Distribution of qualitative sample size across school types and regions for school officials and**
 246 **school health personnel***

School type	Region		
	NCR	4A	3
	Sample size	Sample size	Sample size
Public	1-3	1-3	1-3
Private sectarian	1-3	1-3	1-3
Private non-sectarian	1-3	1-3	1-3

247 * Ranges reported per cell are for each participant group: (1) school officials and (2) school health personnel

248

249 There are 16, 21 and 23 division offices for NCR, Region 3 and Region 4 A respectively. One to 2
 250 officials from each regional office will be recruited. Per region, the division offices will be listed
 251 alphabetically, then randomly selected to complete the sample size.

252

253 **Table 8. Distribution of qualitative sample size across regions (for policymakers)**

Region		
NCR	4A	3
15	15	15

254

255

256 **2.6. Study variables and outcome measures**

257

258 For the quantitative part of the study, data about knowledge on HIV mode of transmission,
 259 prevention and HIV testing and treatment services, attitude towards persons with HIV, HIV testing in
 260 school and HIV testing practices will be collected through completion of a questionnaire by the students
 261 and parents. Data about health programs and resources available in the school will also be collected using
 262 a school facility survey questionnaire.

263 Barriers and facilitators concerning the establishment of school-based HIV testing service are the
 264 outcomes that will be investigated in this study. Barriers are obstacles or challenges that will potentially
 265 be encountered by students when using the services and by school staff, school officials and policy makers

266 for establishing and implementing the services. Facilitators are actions, experiences or resources that
267 assist in the establishment and access to HIV testing services in schools.

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Table 9. Study Variables

Outcomes	Variables	Data Sources
Barriers	<ul style="list-style-type: none">● Knowledge and attitude towards HIV● Challenges encountered in addressing school- based health services● Stigma related to HIV● School resources (i.e. Manpower, clinic, test kits)	Survey Interview
Facilitators	<ul style="list-style-type: none">● Positive attitude towards HIV● High knowledge of HIV / HIV education● Appropriate policy● School resources	Survey Interview

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3. STUDY PROCEDURES

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3.1. Recruitment

277 The research proposal had been presented to the Philippine National AIDS Council and to the
278 officials of the Department of Education. The two agencies appreciated the importance of the research
279 and expressed their support. The research protocol was also submitted for review to the Department of
280 Education before its submission to the IRB.

281 Since the research will involve high school students and the topic may still be considered sensitive
282 by some sectors, endorsement letters to the regional offices were provided by the Department of
283 Education central office to facilitate the conduct of the research in the selected schools. The study team
284 will visit each regional office to present the study, request for the school list and letter of endorsement to
285 division offices. Upon the advice of the regional offices the study team will also visit the division offices to
286 present the study, request for list of schools and endorsement letters. The study team will then visit the
287 selected school to present the study and if the school agrees to participate discuss the study
288 implementation.

289 At the same initial school visit, the team will also actively solicit and carefully consider the opinions
290 and suggestions of the school (i.e., officials, representatives, and teachers) regarding specific study
291 procedures, including the mode of recruitment, the process of obtaining of informed consent, and the
292 conduct of data collection, both quantitative and qualitative, among student participants. This will ensure
293 that the procedures will align with the school's context and policies. The mode of recruitment, which
294 includes the explanation of the study procedures with the participants, can vary from general orientation
295 to all students, orientation to the specific classes of the selected students only, or orientation to the
296 selected children only, whether as a group or individually. Upon receipt of the enrollment masterlist of

297 high school students from the approving school, random sampling of section or class and students will be
298 conducted, as described above, regardless of the mode of orientation agreed upon.

299
300

301 **3.1.1. Quantitative component**

302
303

Recruitment of students

304 Research staff, in the presence of a teacher or school representative, will explain the study to the
305 selected students and invite them to participate in the study. The students will be given opportunity to
306 ask questions during the discussion.

307
308

Recruitment of parents

309 Research staff, in the presence of a teacher or school representative, will explain to the students
310 selected to participate in the study that their parents will be recruited as well. Through the students who
311 will bring these home, the parents will be provided with a blank consent form for their participation in the
312 study, blank survey questionnaire, and a blank parental consent form if the student is a minor. The
313 students shall be instructed to give their parents these documents and they will also be asked if they think
314 their parents would have difficulty in reading, understanding, and answering these forms. If they think
315 they do, they can ask their parents to go to the school so that they will be guided by the research team in
316 the process (i.e., face-to-face administration described in the succeeding paragraphs). Regardless of the
317 mode of informed consent administration, the parents (through the students) will be told to return or
318 provide feedback the next school day or as agreed upon with the school, but not later than 3 school days.

319 Upon handing over the documents at home, the students can present to their parents the options
320 if they want to push through with study participation. Options for the parents will include either self-
321 administration of the consent process and completion of the survey on their own (with the research team
322 accessible by a mobile number for questions or clarifications about the study), or face-to-face
323 administration, should they find themselves unable to go through it on their own. The latter will provide
324 them the option to go to school where the research team is stationed and where they can be walked
325 through the process of consenting by the team. The answering of the questionnaire can also be facilitated
326 right after in the same setting. Parents are also free to choose in-person or face-to-face survey
327 administration to the school or any other area of their choice outside the school premises, as long as they
328 adhere to the advised turnaround time of response or feedback.

329 An invitation flyer will accompany these survey questionnaire and blank consent forms that will
330 give basic information on the study summarized in one page, concluding with an invitation to participate.
331 It is intended to be a document that is easier to read and can give all pertinent study information on a
332 single page. The options mentioned above (i.e., self-administration of consent process and face-to-face
333 administration) shall also be briefly mentioned here there. The mobile number that can be contacted for
334 questions will also be on the flyer for easy reference. If the parent or guardian does not have mobile load,
335 they can instruct their children to give their mobile number to anyone from the research team so that
336 they can be contacted instead and have their questions and concerns about the study addressed.

337

338 *Recruitment of school principals for school facility survey*

339 School principals or their authorized representative from the schools in the 3 regions will be
340 requested by the Department of Education Central or Regional Office to answer an online school facility
341 survey (22). To proceed, separate set of endorsement letters issued by the DepEd regional offices
342 addressed to the Division Offices will be secured for the conduct of this survey. Endorsement to schools
343 within their scope will, in turn, be requested and granted by each of the Division Offices. This letter will
344 include the link or URL to this survey. Embedded to this online survey are the study information, consent
345 form, and questionnaire itself (the latter two to be completed electronically). Only those who grant
346 consent can advance to the survey. The team will also strive to provide monthly or bi-monthly updates to
347 all SDOs to keep them informed of the survey uptake. These updates may also serve as a basis for
348 reiterating the memorandum that facilitates the school's endorsement and survey participation.

349

350 **3.1.2. Qualitative component**

351

352 *Recruitment of students*

353 The 60 students who were recruited to participate in the quantitative survey will be informed that
354 they may also be invited to participate in the interview.

355 The students per school who participated in the survey and gave consent for the interview will
356 be grouped into junior high school (grades 7-10) and senior high school (grades 11-12). Two students from
357 the junior high school and 2 students from the senior high school will be purposively selected to
358 participate in the interview.

359 The area where the interview will be done is a private space in the school and will be pre-identified
360 with the school authorities. Before the interview, research staff, in the presence of a teacher or school
361 representative, will explain again the study to the selected students. During the discussion, the student
362 will be given the opportunity to ask question and be assured that they can withdraw their assent/consent
363 without affecting the quality of education they will receive from the school. If the students refused, the
364 next student in the list will be recruited.

365

366 *Recruitment of parents*

367 The parent of the students per school who participated in the survey and gave consent for the
368 interview will be grouped into parents of junior high school (grades 7-10) and senior high school (grades
369 11-12). Two parents of the junior high school and 2 parents of senior high school students will be
370 purposively selected to participate in the IDI. Purposive sampling will be based on survey answers to
371 explore perspectives of parents who agree, disagree or are unsure with school-based HIV testing. The
372 team will strive to include a balanced mix of parents reflecting differing views on the topic. Nevertheless,
373 this will be contingent on the responses gathered from the students in these schools concerning the
374 acceptability of HIV testing in schools. Selected parents will then be contacted via email or phone call-
375 whichever the parent has provided in the informed consent.

376 For parents who will signify their preference for face-to-face interviews, they can choose to the
377 hold the IDI in the area of their choice outside the school premises.

378

379 *Recruitment of teachers*

380 Two to 3 teachers in schools will be purposively selected in coordination with the school head or
381 a school representative. The study team will ask the school head or representative for a list of
382 recommended teachers based on their judgement on who can most likely contribute to the study aim,
383 such as class advisers as they have more frequent contact with the students. This would also ensure that
384 selected potential participants are eligible based on inclusion criteria. The school representative will then
385 be asked to refer and introduce the potential participant to the study staff in-person to discuss the details
386 of the study. Teachers who will agree to participate will then be recruited for an IDI.

387

388 *Recruitment of school officials*

389 School principal or school director from the participating schools will be invited for an in-depth
390 interview. Additional school official will be recruited from the next school in the randomization list to
391 complete 15 to 30 participants.

392

393 *Recruitment of school health personnel*

394 School health personnel from participating schools will be invited to participate in an in-depth
395 interview. Additional participants will be recruited from the next school in the randomization list to
396 complete 15 to 30 participants.

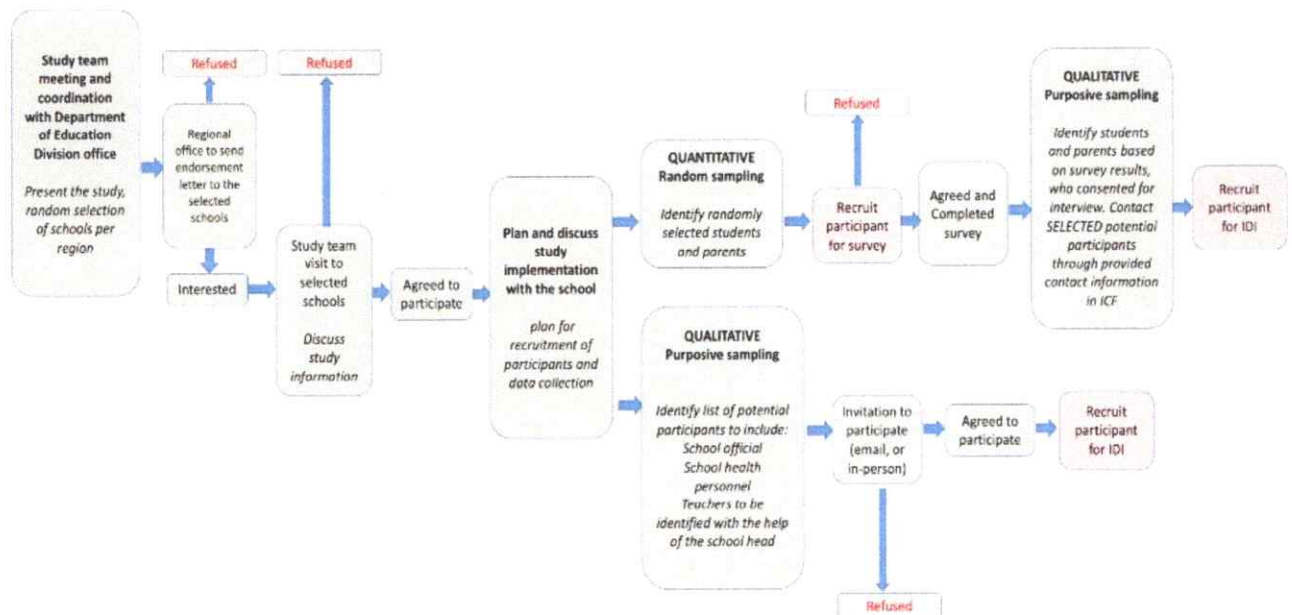
397

398 *Recruitment of policymakers*

399 Policy makers will be purposively sampled from the DepEd regional and division office. The study
400 team will first reach out to the DepEd regional offices to recruit one official from each office through
401 email. The study team will then reach out to the Division offices per region, and will be asked for a list of
402 potential participants based on the eligibility and recommendation of the division office, ideally policy
403 makers who may have any involvement or knowledge on health care programs in schools to ensure that
404 selected policy makers can contribute to the aims of the study. The selected policy makers will then be
405 contacted via email to introduce the study. Interested policy makers will then be recruited and will be
406 emailed the study information and a copy of the ICF.

407 For teachers, school officials, healthcare workers, and DepEd officials, participation will also
408 require informed consent. The research staff will discuss the study details with them, provide an informed
409 consent form, and ensure they fully understand the purpose, procedures, and their rights before obtaining
410 their signed consent.

411



412
413 **Figure 1. Overview of the study procedures from coordination, sampling, to the data collection proper**
414

415
416 **3.2. Data collection**

417
418 **3.2.1. Quantitative component**

419
420 Surveys on knowledge, attitude and practices on HIV and HIV testing will be done in school and
421 self-administered for students in the presence of the research staff and school representative who will
422 provide assistance when needed. During the initial meetings with the school, the research team will
423 determine the consensus and preference of the school regarding the schedule of the survey and whether
424 they can be gathered as a group to complete the survey questionnaire.

425 The parent's copy of the consent forms and questionnaire, safeguarded in sealed envelopes, will
426 be handed over to the parents by their children. The parents will sign the consent form/s and answer the
427 self-administered questionnaire at home and return the filled-out ICFs and questionnaire in another
428 sealed envelope to the study staff on the scheduled day of survey administration and study staff visit. To
429 ensure confidentiality, students will be advised not to submit any answered ICF and survey forms to a
430 school staff such as their teacher/s and to only directly submit the said forms to the study staff. They can
431 also choose to go to the school for the completion of the questionnaire, so that they can be guided by our
432 research team. Regardless of the mode of survey administration, the parents (through the students) will
433 be told to return or provide feedback the next school day or as agreed upon with the school, but not later
434 than 3 school days.

435 Survey questionnaires to be used are validated and adopted from similar studies (12,14) and
436 translated into Filipino. The World Health Organization Global School Based Student Health Survey (GSHS)
437 Core Expanded Questions for the Alcohol Use Module designed for young people as young as 13 years old
438 will be used for the KAP on HIV survey (24).

439 School principals or their authorized representative from the schools in the 3 regions will be
440 requested by the Department of Education Central or Regional Office to answer an online school facility
441 survey (25).

442 Should there be a student or parent who wishes to withdraw their consent to participate as
443 indicated on the information sheet, they will be given the option if some or all the data provided so far be
444 excluded from data analysis. This will be documented using a withdrawal log that will detail the affected
445 participant ID, date of withdrawal, and the reason for withdrawal (although, "Prefer not to state" will also
446 be an option).

447

448 **3.2.2. Qualitative component**

449

450 One on one and face to face in depth interview of the students will be done in a designated room
451 in the school in the presence of a school representative. For the other participants, interview will be
452 conducted by the research staff in a room designated by the school official or in any location agreed upon
453 by the study staff and the participant. After obtaining informed consent, the interview will commence and
454 will be audio-recorded. Interview for parents, school officials, school health personnel and DepEd officials
455 will be done face to face or online.

456 Interview guides to be used for the in-depth interviews will be developed based on potential
457 barriers and facilitators in implementing a school-based HIV testing. For the students, questions will
458 revolve around the acceptability of HIV testing in school, their willingness to use such services and the
459 desirable characteristics of the services for students to use them. For parents, their attitude towards HIV
460 testing in school and the possible reasons for the negative perception and attitudes and how to overcome
461 these will be explored. For the teachers, school officials and policy makers, the question will be on
462 acceptability of HIV testing in school, the potential barriers and facilitators in implementing such services.
463 Initial versions of these interview guides have been developed; however, they will be refined in later
464 stages based on preliminary findings from the quantitative survey to ensure relevance and alignment with
465 emerging insights.

466 The same mode of obtaining and documenting withdrawals shall be implemented in the
467 qualitative component. The same withdrawal log will be utilized for this purpose.

468

469

470 **3.3. Data management**

471

472 **3.3.1. Quantitative component**

473

474 Participants of the surveys on knowledge, attitude and practices on HIV and HIV testing (i.e.,
475 students and parents) will complete a self-administered, paper-based survey questionnaire.
476 Accomplished forms will be brought to RITM, where assigned study encoders will enter the data to
477 KoboToolbox, an open-source Open Data Kit (ODK)-based data collection platform. The built-in standard
478 security features already included in this platform are data encryption, user access control, password

479 protection and authentication, and server security. Internal data validation checks permitted by
480 KoboToolbox will be incorporated to the form to ensure data quality.

481 To safeguard data accuracy, double data entry process using KoboToolbox will be implemented,
482 wherein entering of data will be entered independently by the trained data encoders. Once they have
483 accomplished this task, both of the resulting datasets will be compared to identify, resolve, and correct
484 discrepancies that might be present. Mismatches detected will also be verified against source documents
485 (i.e., completed forms), wherein the correct values will be retained or considered. The aim is to come up
486 with one validated dataset that will be subjected for analysis.

487 On the other hand, the online facility survey will be housed in and distributed through the REDCap
488 (Research Electronic Data Capture) system, which is also a secure web-based application useful in online
489 surveys, as well as managing research databases. The link to the form in REDCap, including the obtaining
490 of consent to participate, shall be distributed securely to the school principals and representatives in all
491 three regions for the conduct of remote self-administered survey. Upon receipt of the link, they will be
492 requested to complete the survey on their own devices at their convenience. This REDCap form will be
493 designed with built-in validation rules, skip logic, and required fields, as appropriate, to minimize errors.

494 In both systems, scheduled data quality checks will also be implemented to ensure data
495 completeness and consistency. Survey data will be retained for five years after study completion, subject
496 to change based on current institutional research policies pertaining to data retention. Access to survey
497 data during and post-survey conduct will be restricted to the study investigators and trained project staff
498 involved in the collection, handling, and processing of data, and will thus be implementing password-
499 protected logins and user-specific permissions, wherever necessary. Periodic data back-ups will also be
500 observed in secure, access-controlled settings. Data protection will also be ensured through maintenance
501 of encryption.

502

503 **3.3.2. Qualitative component**

504

505 The qualitative component will utilize a combination of physical and digital methods to manage
506 collected data. Participants will be assigned unique identification codes at the point of data capture. While
507 the specific protocol for assigning these re-identification codes is yet to be finalized, it will follow the
508 established conventions used in previous studies conducted by our team in similar contexts. These
509 conventions typically involve assigning codes to facilities or communities and further categorizing
510 individual respondents using a structured system based on predefined characteristics.

511 A centralized master sheet containing the re-identification codes, along with corresponding
512 names and, when available, contact details, will be maintained in a highly secure location. This will be
513 either physically locked or digitally protected by passwords, with access restricted to designated
514 investigators. The project coordinator will be solely responsible for maintaining and overseeing this
515 master sheet. Its secure existence will allow the research team to efficiently respond to withdrawal
516 requests from participants who may later choose to have their data excluded from the study.

517 In-depth interviews among the various study participants will be audio-recorded using digital
518 records and transcribed and translated in verbatim format by the trained data transcriber/translator after
519 the conduct of each interview. These audio files, transcriptions, and related documents shall be properly

520 labelled and saved with the province and municipality or city of the participants, including their codes,
521 without mention of their names. In addition, any audio recordings generated during interviews will be
522 securely stored using similar protective measures—either in locked physical storage or within password-
523 protected digital systems located in the clinical research division office. Access to these sensitive materials
524 will be strictly limited to authorized members of the research team.

525
526

527 **4. DATA ANALYSIS / STATISTICAL CONSIDERATIONS**

528

529 **4.1. Quantitative component**

530

531 Acceptability of HIV testing, as the outcome of interest, will be defined in this study as having
532 answered “Agree” to the statement ‘Having HIV counseling and testing in school is a good idea.’ and “Yes”
533 to the question ‘Would you be willing to take up HIV testing and counseling if it was offered in school?’ in
534 the survey questionnaire for students. In parents, this will be measured as having responded “Yes” to the
535 statements “HIV testing and counseling at school is a good idea.” and “HIV testing is a necessary health
536 service in school.” Knowledge of HIV and AIDS will be categorized as “Adequate” if the student answers
537 all items measuring knowledge correctly. At least one incorrect answer to any of these items will classify
538 the participant as having “Inadequate” knowledge. This method of scoring was largely based on that used
539 in the 2018 IHBS (4).

540 For the quantitative aspect of the study, the characteristics of the study population (i.e., high
541 school students, parents, and teachers) will be reported using appropriate summary statistics (i.e., mean,
542 standard deviation, median, and range) in quantitative variables, while categorical variables will be
543 expressed as proportions with their respective 95% confidence interval estimates. To crudely measure
544 the association between the outcomes (acceptability of HIV testing) and other participants’ characteristics
545 (i.e. levels of knowledge, attitudes, and reported practices individually assessed), chi-square test of
546 independence (and their nonparametric counterparts, whichever are appropriate) will be used.

547

548 Logistic regression will be employed to ascertain the magnitude and direction of the association
549 between these outcomes and possible predictors to the model, while controlling for measured
550 confounders. Covariates with a p-value of <0.20 in the univariate regression analysis will be included in
551 the final model which will then only retain covariates with a p-value of <0.05. The final model with the
552 adjusted ORs will then be reported with their 95% confidence intervals. STATA SE 17 will be used to run
553 these tests and visualize using graphs, whenever applicable.

554

555 **4.2. Qualitative component**

556

557 For the qualitative data component of the study, transcriptions will be done in verbatim using the
558 participants’ exact words (and translated in English) by trained data transcriber after every IDIs. The
559 trained data transcribers will follow the preparation and transcription protocol and principles (21).
560 Following all qualitative data collection, systematic debriefings will be conducted to quickly capture

561 qualitative data while also enhancing the skills of the data collector and the quality of the data in real-
562 time (22). Debriefings entail regular meetings throughout data collection to triangulate data, identify
563 follow-up questions or future participants, and to strengthen the interviewing skills of the team. Notes
564 from debriefings will serve as the basis for a codebook that will be applied to transcripts and analyzed
565 inductively at increasingly higher levels of abstraction.

566 Findings will be analyzed following the tenets of constructivist grounded theory (23) The study
567 will follow an inductive approach which consists of the following steps: (1) Formulating and refining the
568 research data collection questions, (2) Collecting and coding the data, (3) Creating initial memos to
569 establish preliminary categories, (4) Conducting focused coding, (5) Developing advanced memos, (6)
570 Organizing memos, (7) Integrating memos and constructing conceptual diagrams, and (8) Composing the
571 initial drafts of findings. The utilization of this analytical approach in this study is expected to enable the
572 development of theories that clarify the factors that impact the implementation, or absence thereof, of
573 school-based HIV testing. This comprehensive approach will explore the overall perceptions held by
574 students, teachers school officials, healthcare workers, and policymakers. Moreover, it aims to provide
575 valuable insights that might enhance the creation of solutions focused on strengthening current HIV
576 programs. The study intends to thoroughly examine the structures and fundamental processes involved
577 in participants' perceptions by implementing this grounded theory approach. This detailed examination
578 will allow for the execution of well-informed and contextually appropriate strategies, customized to tackle
579 the main concerns expressed by participants. The research team will actively engage in the triangulation
580 of findings across various data sources, ensuring a comprehensive and multifaceted understanding.
581 Qualitative analysis will be facilitated through the utilization of NVivo Pro 12 (QSR International Pty Ltd.
582 Version 12, 2018).

583

584

585

586

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588

589 **5. LIMITATIONS OF THE STUDY**

590

591 The study will be conducted only in the top 3 regions with the highest reported cases of HIV in the
592 country. The facilitators and barriers and the requirement to successfully implement a school-based HIV
593 testing for high school students far from the national capital region, rural areas may be different.

594 There is also the likelihood of response bias, wherein respondents may report what they perceive
595 to be more socially desirable or acceptable response and underreport those that are known to be
596 undesirable, rather than being completely honest in their answers. The investigators will attempt to
597 reassure the respondents about the upholding of confidentiality and privacy to reduce fear of judgment.

598 The possibility of committing selection bias is also imminent, with those who are not or not as
599 open to discuss HIV might be underrepresented. There also might be differences in the characteristics of
600 those who refuse or those who give consent to participate, of which investigators will try to identify.

601 Because the respondents will be allowed to skip questions that they might not be comfortable to
602 answer, the researchers might encounter missingness in the data that can potentially hinder the
603 determination of correct conclusion. If possible, statistical techniques to deal with missing data shall be
604 employed, depending on what will be found to be appropriate for use.

605
606

607 **6. ETHICAL CONSIDERATIONS**

608

609 **6.1. Human Subjects**

610 This research will adhere to local and international ethical standards for research in human
611 subjects. It will be conducted in accordance with all applicable regulatory requirements, and in accordance
612 with good clinical practice (GCP). Further, this study will also comply with guidelines stipulated in the
613 National Ethical Guidelines for Research Involving Human Participants 2022 by the Philippine Health
614 Research Ethics Board published in 2022. It also takes into consideration the specific provisions under the
615 section on ethical guidelines for research involving people living with HIV and AIDS in the said document.

616

617 **6.2. Institutional Review**

618 The study protocol and associated documents including informed consent documents, as well as
619 any subsequent modifications of these, will be reviewed and approved by the Research Institute for
620 Tropical Medicine (RITM) Institutional Review Board, Muntinlupa City, the Philippines with respect to
621 scientific content and compliance with applicable research and human subject's regulations.

622

623 **6.3. Compliance with the Declaration of Helsinki**

624 The authors and co-investigators of this study stand together in upholding the highest standards
625 for ethical principles for medical research involving human subjects. All procedures have been formulated
626 considering the principles stated in the declaration of Helsinki, 64th WMA General Assembly, Fortaleza,
627 Brazil, October 2013.

628

629 **6.4. Confidentiality**

630 No personal information will be collected that will identify participants. Demographic data will be
631 limited to gender and age. All local electronic databases used to enter study data will be secured with
632 password-protected access systems. All other physical documents such as survey files and audio recording
633 will be kept in secured cabinets. Data will be anonymized by assigning unique codes to each participant.
634 Principal Investigators would be responsible for data protection and storage.

635 Data will be stored and archived five years after the completion of study (i.e., submission of study
636 completion report to IRB) to allow for audits and verification of results during development of reports,
637 manuscripts, and other methods of dissemination. This also follows the records disposition schedule (RDS)
638 for hard copies from the National Archives of the Philippines for study documents and will adhere to the
639 mode of disposition agreed between NAP and RITM. On the other hand, electronic files will be kept
640 indefinitely in protected cloud storage.

641

642 **6.5. Risk and Risk Minimization**

643 The risk associated in participating in this research is minimal. Students may experience
644 discomfort answering survey questions related to HIV test experience. Questions regarding HIV will be
645 limited to knowledge, attitudes/perception on HIV and HIV testing and will not ask about sexual
646 orientation or sexual practices. They will be assured that no personal information will be collected in the
647 questionnaire and data will be anonymized. They will be provided contact information in case they feel
648 the need to discuss any concern regarding the topic of the study. Should they wish to skip some items
649 because of the discomfort and uneasiness in responding to such questions, they will be allowed to do so.

650

651 **6.6. Benefits to Participants**

652 No potential direct benefits to study participants are anticipated. However, indirect benefit may
653 derive from the study informing improved HIV services in school which could have subsequent benefits
654 to students.

655

656 **6.7. Cost and Compensation**

657 There is no cost for joining this study. Students and parents will receive 500 pesos for time taken
658 to answer the survey questionnaire. Selected students will receive additional 1000 pesos for time taken
659 to participate in IDI. Parents who will participate in the IDI via online will receive 1000 pesos for time taken
660 to participate and 1500 pesos for face to face interview. Teachers, school health staff, school official and
661 policy makers will not be compensated for time taken to participate in IDI.

662

663 **6.8. Informed Consent**

664 Students – Students who were selected will be invited to participate in the study. The research
665 staff in the presence of a school representative will explain the study. They will be given opportunity to
666 ask questions. The students will also be asked to answer a comprehension questionnaire and the answers
667 will be discussed thereafter. For students below 18 years old, assent and parental consent will be
668 obtained. Students will bring the letter to their parents/parent substitute requesting for the student's
669 participation in the study through the survey and in depth interview. The letter will include information
670 regarding this study especially on the importance, objectives and the procedures i.e. what and how
671 information will be obtained, handled and processed. Anonymity and confidentiality will be emphasized.
672 The parents/parent substitutes will be assured that the teacher or school representative will be present
673 during the conduct of the study, that participation is voluntary and their decision not to participate will
674 not influence the kind of education their children will receive from the school. If they have questions
675 regarding the study researcher contact information will also be provided and they will also be informed
676 that they could provide their contact information should they wish to be contacted by the investigators.
677 Consent and assent forms will be signed and dated at home and will be returned to the teacher or school
678 representative in a sealed envelope the next school day or as agreed upon with school but not later than
679 3 school days. Students 18 years old and above can sign without parental consent.

680 Parents - Students will bring the letter to their parents/parent substitute requesting for their
681 participation in the study by answering the survey questionnaire and that they may also be selected for
682 the interview. The letter will include information regarding this study especially on the importance,

683 objectives and the procedures i.e. what and how information will be obtained, handled and processed.
684 Anonymity and confidentiality will be emphasized. They will be informed that participation is voluntary
685 and their decision not to participate will not influence the kind of education their children will receive
686 from the school. If they have questions regarding the study, researcher contact information will also be
687 provided and they will also be informed that they could provide their contact information should they
688 wish to be contacted by the investigators. Students will also be reminded about this when the research
689 team hands over the letter for parents to them. They will be told to convey this message when they give
690 the letter to their parents. The parent/parent substitute will sign and date the consent form and will be
691 returned with the filled-out questionnaire to the school.

692 Teachers/school health personnel /school officials/ policy makers – An endorsement letter will be
693 requested from the Department of Education before the conduct of the study. Informed consent will be
694 obtained from the participants before the interview.

695 For the online school facility survey which will utilize the REDCap software, the consent-taking
696 process will likewise be conducted electronically, using its e-consenting feature. Both the study participant
697 and the researcher taking the consent can electronically sign the form and have the details stored, which
698 can, in turn, be shared as a signed consent sheet generated to a PDF copy. Only then will the principal or
699 official be directed to the survey, after completing the consent process.

700

701 **6.9. Reports of Protocol Violations and Deviations**

702 Any deviation from the study protocol will be reported to the study and site principal investigator.
703 Any deviations from the study protocol deemed serious by the site principal investigator will be promptly
704 reported to the local IRB and study sponsor, including their details and measures taken to address them.

705

706 **6.10. Adverse Event Reporting**

707 We do not anticipate any adverse events occurring given the nature of risks associated with this
708 study. Students will not be asked any sensitive questions such as sexual orientation or sexual practices.
709 The interview will elicit more insights from the students based on the quantitative questionnaire
710 concerning HIV testing in school. The interviewer will emphasize that the student should feel free to say
711 if they do not want to answer a particular question during the interview and if he/she would not want to
712 continue the interview for any reason.

713

714 **6.11. Study Discontinuation**

715 The study may be stopped at any time by the sponsor or local IRB as part of their duties to ensure
716 that research participants are protected. The study will be discontinued if study team does not adhere to
717 the approved protocol or applicable regulatory guidelines in conducting the study.

718

719

720

721 **7. STUDY WORK PLAN**

722

723 **Table 10. Work plan**

Year	2025			
	Q1	Q2	Q3	Q4
IRB protocol submission and approval	X			
Other study preparations	X			
KAP survey		X		
In depth interview		X		
Data analysis		X	X	
Abstract and manuscript development			X	X

724

725

726

727 **8. SUPPORT AND MANAGEMENT**

728 The study investigators will be responsible for designing the study protocol, developing study tools,
 729 preparing Ethics Committee submissions, securing study approvals, and managing overall project
 730 implementation. They will also be responsible for other tasks including training, revising data collection
 731 tools, supervising data collection, data management, analysis, and manuscript development. Additional
 732 data collection, entry, management, coding, analysis, translation, transcription support might be provided
 733 other internal or external staff.

734

735

736

737 **9. FUNDING AND CONFLICT OF INTEREST**

738 The study will be funded by the Disease Prevention and Control Bureau, Department of Health.
 739 None of the investigators have known conflicts of interest to report in relation to the study.

740

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743 **10. PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS**

744 Study findings will be summarized and disseminated in the form of written technical reports that
 745 will be presented and submitted to DepEd, and academic abstracts and manuscripts to appropriate
 746 conferences or peer-reviewed journals, respectively. Data from this study may also be presented to
 747 regional, national or local stakeholders with interest in the study and the issues it assesses.

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751 **11. REFERENCES**

752 1. AIDSinfo, UNAIDS epidemiological estimates 2024 2024 [Available from:

753 <https://aidsinfo.unaids.org>.

754 2. Department of Health Epidemiology Bureau. The growing HIV epidemic among adolescents in
 755 the Philippines.; 2015.

- 756 3. Department of Health Epidemiology Bureau. The State of the Philippine HIV Epidemic Facing
757 Challenges, Forging Solutions. 2016.
- 758 4. Epidemiology Bureau Department of Health, Philippines . 2018 Integrated HIV Behavioral &
759 Serologic Surveillance (IHBSS). 2018.
- 760 5. Department of Health Epidemiology Bureau. HIV & AIDS Surveillance of the Philippines. January
761 to March 2025.
- 762 6. Zeleke *et al.* Acceptability and use of HIV self-testing among young people in sub-Saharan
763 Africa: a mixed methods systematic review *BMC Primary Care* (2024) 25:369
764 <https://doi.org/10.1186/s12875-024-02612-0>
- 765 7. Aley G. Kalapila, MD, PhD , David H. Spach, MD HIV in Adolescents and Young Adults, National
766 HIV Curriculum, University of Washington Infectious Diseases Education & Assessment (IDEA) Program.
767 Updated February 3, 2025. Accessed May 11, 2025 [https://www.hiv.uw.edu/go/key-](https://www.hiv.uw.edu/go/key-populations/pediatric-adolescents-young-adults-hiv/core-concept/all)
768 [populations/pediatric-adolescents-young-adults-hiv/core-concept/all](https://www.hiv.uw.edu/go/key-populations/pediatric-adolescents-young-adults-hiv/core-concept/all)
- 769 8. Petsis D, Min J, Yuan-Shun *et al.* HIV Testing Among Adolescents with Acute Sexually
770 Transmitted Infections *Pediatrics*. 2020 April ; 145(4): . doi:10.1542/peds.2019-2265
- 771 9. Philippine HIV and AIDS Policy Act, Senate and House of Representatives of the
772 Philippines(2018).
- 773 10. Department of Health. Guidelines in the Implementation of Differentiated HIV Testing Services.
774 2022.
- 775 11. Philippine Statistics Authority. Annual Poverty Indicator Survey 2023 [Available from:
776 <https://psa.gov.ph/statistics/income-expenditure/apis>.
- 777 12. Madiba S, Mokgatle M. "Students want HIV testing in schools" a formative evaluation of the
778 acceptability of HIV testing and counselling at schools in Gauteng and North West provinces in South
779 Africa. *BMC Public Health*. 2015;15(1):388.
- 780 13. Morris E, Topete P, Raspberry CN, Lesesne CA, Kroupa E, Carver L. School-Based HIV/STD Testing
781 Behaviors and Motivations Among Black and Hispanic Teen MSM: Results From a Formative Evaluation. *J*
782 *Sch Health*. 2016;86(12):888-97.
- 783 14. Madiba S, Mokgatle M. Parents Support Implementation of HIV Testing and Counseling at
784 School: Cross-Sectional Study with Parents of Adolescent Attending High School in Gauteng and North
785 West Provinces, South Africa. *AIDS Res Treat*. 2016;2016:4842814.
- 786 15. Department of Education. Republic of the Philippines. Implementation of the School-based HIV
787 and AIDS Education Program of the Department of Education [Available from:
788 [https://www.deped.gov.ph/2012/06/13/do-47-s-2012-implementation-of-the-school-based-hiv-and-](https://www.deped.gov.ph/2012/06/13/do-47-s-2012-implementation-of-the-school-based-hiv-and-aids-education-program-sbhaep-of-the-department-of-education/)
789 [aids-education-program-sbhaep-of-the-department-of-education/](https://www.deped.gov.ph/2012/06/13/do-47-s-2012-implementation-of-the-school-based-hiv-and-aids-education-program-sbhaep-of-the-department-of-education/).
- 790 16. Republic of the Philippines. Department of Education. Schools Division Office-Valenzuela.
791 Conduct Of Sexually Transmitted Infection (STI) And Human Papillomavirus (HIV) Awareness Lecture
792 With Free HIV Testing And Monitoring Activity Of Adolescent Reproductive Health Program In All Public
793 Secondary School February 2023 [Available from: [https://sdovalenzuelacity.deped.gov.ph/conduct-of-](https://sdovalenzuelacity.deped.gov.ph/conduct-of-sexually-transmitted-infection-sti-and-human-papillomavirus-hiv-awareness-lecture-with-free-hiv-testing-and-monitoring-activity-of-adolescent-reproductive-health-program-in-all-public-s/)
794 [sexually-transmitted-infection-sti-and-human-papillomavirus-hiv-awareness-lecture-with-free-hiv-](https://sdovalenzuelacity.deped.gov.ph/conduct-of-sexually-transmitted-infection-sti-and-human-papillomavirus-hiv-awareness-lecture-with-free-hiv-testing-and-monitoring-activity-of-adolescent-reproductive-health-program-in-all-public-s/)
795 [testing-and-monitoring-activity-of-adolescent-reproductive-health-program-in-all-public-s/](https://sdovalenzuelacity.deped.gov.ph/conduct-of-sexually-transmitted-infection-sti-and-human-papillomavirus-hiv-awareness-lecture-with-free-hiv-testing-and-monitoring-activity-of-adolescent-reproductive-health-program-in-all-public-s/).
- 796 17. Philippine News Agency. 13 SoCot Senior high students test positive for HIV December 2018
797 [Available from: <https://www.pna.gov.ph/articles/1055925>.

- 798 18. Republic of the Philippines. Department of Health. CaLaBaRZon Center for Health Developmeny.
799 DOH, DepEd Conducts Peer Education Training on HIV for Students of Bacoor City July 2019 [Available
800 from: [https://ro4a.doh.gov.ph/health-facilities/140-featured-article/596-doh-deped-conducts-peer-](https://ro4a.doh.gov.ph/health-facilities/140-featured-article/596-doh-deped-conducts-peer-education-training-on-hiv-for-students-of-bacoor-city)
801 [education-training-on-hiv-for-students-of-bacoor-city](https://ro4a.doh.gov.ph/health-facilities/140-featured-article/596-doh-deped-conducts-peer-education-training-on-hiv-for-students-of-bacoor-city).
- 802 19. De Souza N, Kolipaka, R., Kumar, J., & Hegde, A. . Knowledge, attitude, and practice toward
803 human immunodeficiency virus/acquired immune deficiency syndrome: A questionnaire study among
804 students, teachers, and parents in Mangalore, India. *Journal of Indian Association of Public Health*
805 *Dentistry* Vol 17, Issue 1.
- 806 20. Malterud K, Siersma VD, Guassora AD. Sample Size in Qualitative Interview Studies: Guided by
807 Information Power. *Qual Health Res.* 2016;26(13):1753-60.
- 808 21. McLellan E, MacQueen KM, Neidig JL. Beyond the Qualitative Interview: Data Preparation and
809 Transcription. *Field Methods.* 2003;15:63 - 84.
- 810 22. McMahon SA, Winch PJ. Systematic debriefing after qualitative encounters: an essential analysis
811 step in applied qualitative research. *BMJ Glob Health.* 2018;3(5):e000837.
- 812 23. Charmaz K. *Constructing Grounded Theory A Practical Guide Through Qualitative Analysis.*
813 London: Sage Publications; 2006.
- 814 24. World Health Organization Global School Based Student Health Survey (GSHS) Core Expanded
815 Questions for the Alcohol Use Module [https://www.who.int/teams/noncommunicable-](https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire)
816 [diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire](https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey/questionnaire)
- 817 25. Center for Disease Control and Prevention 2020 SCHOOL HEALTH PROFILES SCHOOL PRINCIPAL
818 QUESTIONNAIRE [chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.cdc.gov/school-](chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.cdc.gov/school-health-profiles/questionnaires/pdf/2020/2020questionnairerep.pdf)
819 [health-profiles/questionnaires/pdf/2020/2020questionnairerep.pdf](chrome-extension://efaidnbmninnibpcjpcglclefindmkaj/https://www.cdc.gov/school-health-profiles/questionnaires/pdf/2020/2020questionnairerep.pdf)