Republic of the Philippines

Department of Education

REGION IV- A CALABARZON

CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

12 May 2026

DIVISION MEMORANDUM
No. 319 s. 2026

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

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public and Private Secondary Schools
Heads, Unit/Section
All Others Concerned

1. The Department of Education Regional Office IV-A CALABARZON, through the Education Support Services Division-School Health Section, hereby endorses the Department of Health-Research Institute for Tropical Medicine (DOH-RITM) research project entitled **"Lunas Eskwela: Leveraging, Understanding, and Navigating Access to School-based HIV testing for High School Students in the Philippines."**

2. The project aims to systematically assess the availability of health-related services, programs, and resources across schools in order to generate evidence-based data that will support the identification and prioritization of school health needs within the region.

3. In line with this, all School Heads or their duly authorized representatives from both public and private secondary schools offering Grades 7 to 12 are directed to accomplish the online School Facility Survey through the following link: https://tinyurl.com/lunaseskwela on or before **August 31, 2026**.

4. Attached herewith are Regional Memorandum No. 295, s. 2026 and the communication letter from DOH-RITM for reference and appropriate guidance.

5. For clarifications and other concerns, you may contact **Ms. Jhoys Guevarra** via email at lunas.eskwela@ritm.gov.ph or through mobile number **0993-926-4082**.

6. Immediate dissemination and strict compliance of this Memorandum is desired.

CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

Address: Brgy. Potol, Tayabas City
Telephone No.: (042) 785-9615
Email Address: tayabas.city@deped.gov.ph
Website: https://www.sdotayabascity.ph

Encl.: As stated
Reference: Regional Memorandum No. 295 s.2026
To be indicated in the Perpetual Index
under the following subjects:

SCHOOL FACILITY SURVEY
LUNAS ESKWELA
SCHOOL-BASED HIV-TESTING

SGOD- school facility survey for all schools offering secondary education in region iv-a for "lunas eskwela" project SOP5T-000235/May 12, 2026

Address: Brgy. Potol, Tayabas City
Telephone No.: (042) 785-9615
Email Address: tayabas.city@deped.gov.ph
Website: https://www.sdotayabascity.ph

DEPARTMENT OF EDUCATION
RECORDS SECTION REGIONAL OFFICE NO. IV-A
RELEASED
00005311
By: Pao Date: 05/05/26

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

ESSD-RM-2026-295

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

Certificate No. PHP QMS 22 93 0085

Records-ISH01-2026-404

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:

RECEIVED
APR 13 2026
BY: _____

Scan this QR code using your phone's camera

OR

Click this link:

https://tinyurl.com/lunaseskwela

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

RESEARCH INSTITUTE FOR TROPICAL MEDICINE
INSTITUTIONAL REVIEW BOARD
APPROVED VERSION
CHAIRPERSON
DATE OF APPROVAL: 09 DEC 2025
DATE OF EXPIRY: 09 DEC 2026

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": **L**everaging, **U**nderstanding, and **N**avigating **A**ccess to **S**chool-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.

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Telephone Numbers: (+632) 8807-2628 to 32 / 37 | www.ritm.gov.ph | RITMPH

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

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

Answer first	*Put a check in the box of your answer.*	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.	☐	☐

Participant Selection

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

Voluntary Participation

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

Answer first	*Put a check in the box of your answer.*	AGREE	DISAGREE
	My participation in this study is voluntary and that I am free not to participate without affecting my standing in the school.	☐	☐

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Study Procedures

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

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

 *Answer first*	*Put a check in the box of your answer.*	**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.	☐	☐

Duration

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

Risks

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

 *Answer first*	*Put a check in the box of your answer.*	**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.	☐	☐

Benefit

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

Reimbursement

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

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Confidentiality

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

 *Answer first*	*Put a check in the box of your answer.*	AGREE	DISAGREE
	I understand that the research team will not record additional personal information in the questionnaire, except for my age and sex.	☐	☐
	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.	☐	☐

Sharing the Results

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

Right to Refuse or Withdraw

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

 *Answer first*	*Put a check in the box of your answer.*	AGREE	DISAGREE
	I am free to withdraw my consent at any time, even if I have previously given my consent to join.	☐	☐

Who to Contact

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

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

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

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CERTIFICATE OF INFORMED CONSENT FOR SCHOOL OFFICIALS

I read the description of this research. I make free decisions about participating in this study, which includes answering an on-line survey. I also understand that I can withdraw my consent anytime without giving any reason and it will not affect my position in this school or office and my consent to participate in the study is voluntary.

Please check the box that matches your choice:

Participation in the school facility survey

☐ Yes ☐ No

_____	_____	_____
Name of participant	Signature of participant	Date [MM/DD/YYYY]

STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. That the school official will complete an online survey questionnaire.
2. That their participation in this study is voluntary and they can withdraw at any time, which will not affect their position in the school/office.
3. That data collected from the school official will be treated and remain confidential.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of Researcher or person taking the consent:

_____

Signature of Researcher or person taking the consent:

_____

Date [MM/DD/YYYY]: _____

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SCHOOL HEALTH PROFILES

Title: "***Lunas*** Eskwela": **L**everaging, **U**nderstanding, and **N**avigating **A**ccess to **S**chool-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	☐ Male ☐ Female
School Type	☐ Public ☐ Private (Non-sectarian) ☐ Private (Sectarian)
Region	☐ NCR ☐ Region 3 ☐ 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 1 2

c. Encourage staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity 1 2

d. Facilitate access to providers not on school property who have experience in providing health services, including HIV/STI testing and counseling, to LGBTQ youth 1 2

e. Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth 1 2

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.)

		Students		Faculty/Staff		Visitors	
	Type of tobacco	**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.)

		Students		Faculty/Staff		Visitors	
	Time	**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.)

		Students		Faculty/Staff		Visitors	
	Location	**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.)

	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.)

	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) 1 2

d. Small, topic-focused counseling or therapeutic groups (e.g., cognitive behavioral therapy [CBT], pro-social skills, stress management) 1 2

e. Multitiered systems of support (MTSS) (i.e., providing comprehensive differentiated supports to support students' mental and behavioral health) 1 2

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	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) 1 2

(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

"***Lunas*** Eskwela": **L**everaging, **U**nderstanding, and **N**avigating **A**ccess to **S**chool-based HIV testing for High School Students in the Philippines

Version 4.0 November 5, 2025

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

Principal investigator:

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

Co-investigators:

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

Marianette T. Inobaya, PhD
Research Institute for Tropical Medicine

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

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

Study Sponsor: Disease Prevention and Control Bureau, Department of Health

1. INTRODUCTION

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

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

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

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

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

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.

1.1. Study Rationale

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

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

1.2. Study Objectives

General Objectives:

- To determine the barriers and facilitators in implementing school-based HIV testing services for high school students in the Philippines

Specific Objectives:

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

2. MATERIALS AND METHODS

2.1. Study Design

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

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

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

2.2. Study Site

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

2.3. Study Duration

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

2.4. Study Population

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

Table 2. Inclusion/Exclusion Criteria

Stakeholder	Inclusion criteria	Exclusion Criteria
Student	• High school student currently enrolled in the selected schools • Male and female	• Not currently enrolled in the selected schools • Did not consent

	• 13 years old and above • With assent (<18 years old) or consent (>18 years old) to join the study	
Parents	• 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	• Did not consent to join the study
Teachers	• 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	• 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	• 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	• 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	

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

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

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

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

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)

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

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

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

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

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

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

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

Table 7. Distribution of qualitative sample size across school types and regions for school officials and 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

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

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

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

Region		
NCR	4A	3
15	15	15

2.6. Study variables and outcome measures

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

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

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

Table 9. Study Variables

Outcomes	Variables	Data Sources
Barriers	• 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	• Positive attitude towards HIV • High knowledge of HIV / HIV education • Appropriate policy • School resources	Survey Interview

3. STUDY PROCEDURES

3.1. Recruitment

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

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

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

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

3.1.1. Quantitative component

Recruitment of students

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

Recruitment of parents

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

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

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

Recruitment of school principals for school facility survey

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

3.1.2. Qualitative component

Recruitment of students

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

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

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

Recruitment of parents

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

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

Recruitment of teachers

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

Recruitment of school officials

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

Recruitment of school health personnel

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

Recruitment of policymakers

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

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

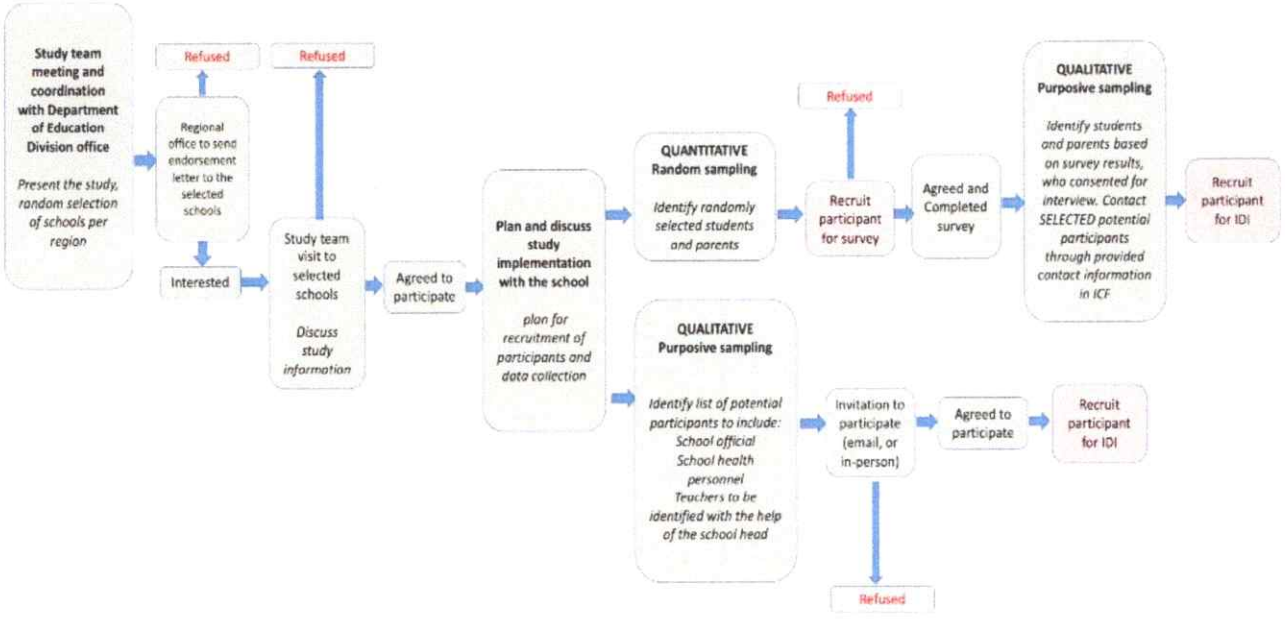

Figure 1. Overview of the study procedures from coordination, sampling, to the data collection proper

3.2. Data collection

3.2.1. Quantitative component

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

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

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

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

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

3.2.2. Qualitative component

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

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

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

3.3. Data management

3.3.1. Quantitative component

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

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

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

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

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

3.3.2. Qualitative component

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

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

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

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

4. DATA ANALYSIS / STATISTICAL CONSIDERATIONS

4.1. Quantitative component

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

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

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

4.2. Qualitative component

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

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

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

5. LIMITATIONS OF THE STUDY

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

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

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

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

6. ETHICAL CONSIDERATIONS

6.1. Human Subjects

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

6.2. Institutional Review

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

6.3. Compliance with the Declaration of Helsinki

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

6.4. Confidentiality

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

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

6.5. Risk and Risk Minimization

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

6.6. Benefits to Participants

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

6.7. Cost and Compensation

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

6.8. Informed Consent

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

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

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

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

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

6.9. Reports of Protocol Violations and Deviations

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

6.10. Adverse Event Reporting

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

6.11. Study Discontinuation

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

7. STUDY WORK PLAN

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

8. SUPPORT AND MANAGEMENT

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

9. FUNDING AND CONFLICT OF INTEREST

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

10. PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

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

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