



# **GM Bicol for SRHR, Inc.**



<https://www.gmbicol.org/>

**Manual of Operations 2021  
Daraga, Albay, Philippines**

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# **MANUAL OF OPERATIONS 2021**

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## Abbreviations

AFS	Admin and Finance Support
ART	Anti-retroviral treatment
ARV	Anti-retroviral medication
CBO	Community-based organization
CSO	Civil Society Organization
DOH	Department of Health
ED	Executive Director
GMCC	GM Bicol Community Center
LGU	Local Government Unit
M&E	Monitoring and Evaluation
MoP	Manual of Operations
MSM	Male having sex with male
NPS	Non Penetrative Sex
PA	Program Associate
PLHIV	Persons Living with HIV
RA 11166	Philippine HIV and AIDS Policy Act
rHIVda	Rapid HIV Diagnostic Algorithm
SEC	Securities and Exchange Commission
WHO	World Health Organization

## About the Manual

This Manual of Operations (MoP) shall serve as the framework to guide the members, officers and staff of GM Bicol. The contents and processes in this manual went through a tedious development process involving the Members of the Board of Trustees, adapting existing models and frameworks, and is anchored to the purpose of the organization.

To the readers of this manual, the context of GM Bicol's advocacy work, its issues and strategies are outlined in this manual. The information here are both of those taken from secondary sources and actual experience of the organization in the past five years working in sexual and reproductive health and rights (SRHR) and HIV education and advocacy.

Included in the manual are the organization's policies, financial procedures, and operations guide. Organizational policies presented shall serve as implementing rules and guidelines to describe the expectations from and functions of its members and officers. The financial procedure shall be the standard protocol to be followed in all financial matters. And the operations guide presents the committees' roles and obligations, staff requirements, and program implementation flow, from planning stage to evaluation stage of every program or project to be undertaken by the organization.

*"This manual of operations shall be subjected to review and revision of the Board of Trustees every five years, or as the needs arise as determined by the board."*

# I. Introduction

## A community in action: advancing HIV advocacy in the region

The Philippines is among few countries in the globe which is faced by alarming high prevalence of new HIV cases. Since 1984 to December of 2020, the Department of Health has recorded 82,865 HIV cases. In the last decade, males who are having sex with males (MSM) is the predominant mode of transmission. While in terms of age group, new cases are getting younger and younger.

With the decentralized health governance, the country, opportunities to improve action to advance sexual and reproductive health and HIV programs and services are in the local government unit since 1992. However, the priority of elected leaders serves as a strong determinant if HIV programming receives support from the local governments. GM Bicol experience in engaging a number of LGUs in the region, local health officers are eager to responding to the HIV situation in the region. However, in a study of Liwanag H. about who should decide for local health services, the study revealed that there is a preference to shift decision-making away from the local politician in favor of the local health officer. In this backdrop, community-led actions towards social decision making and active participation in public decision-making is important so that local health officers will receive sounding support from the communities.

Region V or Bicol region is part of the geo-political areas included in the Luzon-wide enhanced community quarantine. It is a home to over 1,000 persons living with HIV (PLHIV) and 761 PLHIVs enrolled in ART (DOH CHD Bicol 2019). Bicol region is composed of six provinces. Four of which are part of the mainland Luzon: Camarines Norte, Camarines Sur, Albay and Sorsogon. While two others are the island provinces of Catanduanes and Masbate. There are only two HIV treatment hubs in the region: Bicol Medical Center located in Naga City, Camarines Sur, and Bicol Regional Training and Teaching Hospital located in Legazpi City, Albay (DOH 2018). Most recently, new treatment hubs were made available in the Masbate Provincial Hospital.

The worsening HIV situation in the country and in the region calls for active participation of organized community groups such as GM Bicol. In this context, GM Bicol continues to strengthen its existing programs along sexual health and rights, and its relationships with government institutions in both the region and local governments. Ultimately, the organization contributes to the global and national goals to curbing HIV rate, zeroing discrimination, meeting 90% of the population are aware of their HIV status, 90% of PLHIV are in anti-retroviral treatment, and 90% of PLHIVs gets an 'undetectable status'.

## About GM Bicol (Scope and Limitation)

GM Bicol For Sexual and Reproductive Health and Rights, Inc. is a community-based organization registered in the Philippine Security and Exchange Commission as a non-profit, non-stock and non-government organization in January 2020. Prior to becoming a registered organization, it was a network of volunteers – peer educators, academicians, health workers, and youth leaders, who are dedicated in investing their time to advancing HIV advocacy.

GM Bicol is based in Daraga, Albay with a network reach across Region V. It has 52 active members, 15 certified CBS motivators and peer educators, and a community center located in the heart of the municipality of Daraga. It provides free HIV counseling, CBS screening, and serves as a support group of PLHIV community in the region.

The organization's capacity to provide HIV screening to people in their respective communities and in its community center is dependent on the availability of supplies of screening kits of its government partners, like Social Hygiene Clinics, Provincial Health Office, and the DOH V. As a community-based organization, the community center is thinly manned by a sizeable staff and number of volunteers.

Counseling services and health education can be accessed through GM website, and one-on-one consultations can be accessed through its online channels and hotline numbers. With a wide reach of CBS motivators and trained peer educators across the region, GM Bicol can assist clients outside Daraga, Albay, and refer them to the nearest health facility.

Reactive clients upon initial community-based screening are immediately referred to the nearest health facility or treatment. GM Bicol ends its engagement with reactive clients, once his/her treatment starts with the treatment hub. However, clients may also be enrolled to GM+, the organization's support group for PLHIV community, and will receive further social, health and limited financial assistance from GM Bicol.

## Networks and Affiliations

- Member of Network to Stop AIDS Philippines (NSAP)
- Member of Y-PEER Pilipinas
- Recognized CBO partner in HIV programs of DOH Region V
- Member of the Local AIDS Council of Daraga-LGU
- Partners with BRTTH, BMC, Masbate Provincial Treatment hubs

## Issues and Strategies

As a prime mover of sexual and reproductive health and rights in the Bicol Region, GM Bicol is guided and governed by the principles of human rights, equality and non-discrimination firmly committed to advance sexual and reproductive health and rights, gender equality, universal health care, children protection, women's rights, and community empowerment, convinced that these ideals can be realized through a responsive, community-based and participatory organization, in active solidarity with like-minded local and national organizations

GM continues to focus on SRHR and HIV/AIDS education and prevention with greater attention to:

### 1. Youth Health and Development

(1 in 3 diagnosed of HIV infection is a young person. GM works with schools, Local Youth Development Office(s), and Sangguniang Kabataan, and provides technical support along awareness raising and capacity-building, and promotes HIV programs and services where young people can get HIV screening.)

### 2. Men's Sexual and Reproductive Health

(DOH records show that 24 out of 25 diagnosed of HIV infection are males. GM works with male groups, MSMs clans and LGBT organizations in conduct of educational discussions to increase the demand for HIV services. Likewise, GM Bicol facilitates conduct of CBS with these population groups.)

### 3. Policy Advocacy

(GM works with policy-makers and program implementers to advocate for functional Local AIDS Council, HIV programs, and available & accessible health services)

To work towards resolving the issues identified above, the organization continues to work with its partners by maximizing the following strategies:

1. Awareness Raising - SRH and HIV education in schools, workplaces and communities
2. Leadership and Capacity Building - Volunteer programs, communication and advocacy training
3. Networking and Linkage Building - Working with allies and creating bridges between vulnerable groups and the marginalized to services and information
4. Evidence-based Advocacy - Multi-level evidence-based advocacy working with relevant government agencies, the media, and local government units
5. HIV services - Facilitation and provision of HIV CBS and counseling, and referral to health facilities of reactive clients.



**Notes:**

DOH (Department of Health), Epidemiology Bureau (2020) "HIV/AIDS & ART registry of the Philippines December 2020 (2020), Published December 2020, "[https://doh.gov.ph/sites/default/files/statistics/EB\\_HARP\\_December\\_AIDSreg2020.pdf](https://doh.gov.ph/sites/default/files/statistics/EB_HARP_December_AIDSreg2020.pdf)"

Liwanag H. (2020), Who should decide for local health services? A mixed methods study of preferences for decision-making in the decentralized Philippine health system, Published April 15, 2020, "<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05174-w>"

DOH CHD Bicol (2019), "2019 Year-end Report", 2019 Stakeholders Meeting, Legazpi City, Philippines

DOH (2018), "Updated list of DOH-designated HIV treatment hubs and primary HIV care facilities", Department Memorandum No. 2018-0031, Department of Health, City of Manila, Philippines

## II. Organizational Policies

This section presents the organization's rules in using the name and representation of the organization; membership and their rights & responsibilities; the board of trustees, election of officers, and the roles of the officers, and; the board of advisers.

### Organization name and its image and representation

- Gentlemen Bicol for Sexual and Reproductive Health and Rights, Inc. (name of the organization), or GM Bicol for SRHR, Inc. is the registered name of the organization in the Securities and Exchange Commission (SEC).
- "GM Bicol" may be used for branding and for brevity.
- The logo of GM Bicol is the approved image which best represents the organization is duly approved by the Board of Trustees:



- The logo may come with the organization's name below the logo or on the rights side:



**GM Bicol  
for SRHR, Inc.**

- If to be used for campaigns, permitted by the organization, the logo's color may be adjusted into shades of gray, black and white, or in pride colors but with the approval of Officers of the Organization.
- The official logo may only be used for official events, transactions, and documentations.

### Qualifications, Rights and Duties of Members

**Membership.** Any individual of age 15 years old and above qualifies for GM Bicol's membership. Aspiring members shall be requested to fill-up a membership form and required to attend new members orientation and HIV 101 educational

discussion – these requirements must be completed before the aspirants be can officially admitted as members of the organization. In addition, for minors, a parent’s consent form shall be an additional requirement to be submitted.

**Rights of Members.** All members have the rights to vote on all matter relating to the affairs of the organization; to be eligible to any elective or appointive position in the organization; to participate in deliberations/meetings of the organization; to avail of all the facilities and services available and offered by organization, and; to examine all the records of books of the organization during business hours.

**Duties and Responsibilities of the Members.** A member shall have the following duties and responsibilities: to obey and comply with the by-laws, rules and regulations that may be promulgated by the organization from time to time, and; to attend all meetings that may be called by the officers.

**Suspension, expulsion and termination of membership** shall be in accordance with the rules and regulations of the Organization. Any member of the Organization may file charges against a member by filling a written complaint with the Secretary of the Organization. The Board of Trustees shall call a special meeting of the members to consider the charges. The affirmative vote of 1/3 of all the members of the Organization shall be necessary to suspend a member; Provided that where the penalty is expulsion, the affirmative vote 2/3 of all the members shall be necessary to expel a member.

If a member is charged with any offense involving dishonesty, has been subjected to a civil or criminal case under the laws of the Republic of the Philippines or has exhibited actions and made public pronouncements contrary and / or against the principles of the Organization is a ground for termination of membership. A Special Review and Investigation Committee will be created to prove / disprove such allegations, results of which may be used by the board to decide with majority votes.

## Board of Trustees and Executive Officers

The corporate powers of the Organization shall be exercised, its business conducted, and its property controlled by the Board of Trustees. The Board of Trustees of the organization shall adhere to the guiding principles of the Organization.

**Trustee Selection.** A candidate for trustee selection shall be nominated and endorsed by a member of the Board of Trustees, to be approved by the full board.

**Disqualification of a Trustee.** The individual shall be disqualified and removed of his position from the Board of Trustees if:

- a. Has been inactive for at least one year;
- b. Has been convicted of an offense involving dishonesty;
- c. Has been subjected to a civil or criminal case under the laws of the Republic of the Philippines;
- d. Has exhibited actions and made public pronouncements contrary and / or against the principles of the Organization

**Election of Officers.** The officers of the organization shall be a President, a Vice-President, a Secretary, and a Treasurer. They shall be elected by the Board of Trustees from among themselves. The Board may combine compatible offices in a single person. A Special Board of Election composed by two non-officer members of the board shall be created two months prior to the set date of election to prepare for and facilitate the election process. Voting shall be means of secret ballot. Candidates who have received the highest number of votes shall be declared elected.

**Term of Office of the Officers.** All officers of the Organization shall hold office for two years and until their successors are duly elected and qualified. All positions except that of the President are eligible to be re-elected in the same position by a single person. The individual serving as the President can only serve a maximum of two consecutive terms before being ineligible for reelection.

**President** – The President shall be the Chief Executive Officer of the Organization. In addition to duties as such, he shall preside in all meetings of the Board of Trustees and those of the members of the Organization.

He shall execute all resolutions and/or decisions of the Board of trustees. He shall be charge with directing and overseeing the activities of the Organization. He shall appoint and have control over all employees of the Organization, he shall present to the Board of Trustees and the members an annual budget and, from time to time as may be necessary, supplemental budgets. He shall submit To the Board as soon as possible after the close of each fiscal year, and to the members of each regular meeting, a complete report of the activities and operations of the Organization for the fiscal year under his term.

**Vice-President** – The Vice President, if qualified, shall exercise all powers and perform all duties of the President during the absence or incapacity of the latter and shall perform duties that maybe assigned by the Board of Trustees.

**Secretary** – The secretary shall give all the notices required by the by-laws and keep the minutes of all meetings of the members and of the Board of Trustees and of all meetings of all committees, in a book kept for the purpose. He shall keep the seal of the Organization and affix such seal to any

paper of instrument requiring the same. He shall have custody of the correspondence files and all other papers that are to be kept by the Treasurer. He shall maintain the members' registry, have charge of the bulletin board at the principal office of the Organization. He shall also perform all such other duties and work as the Board of Trustees may from time to time assign to him.

**Treasurer** – The Treasurer shall have charge of the funds, receipt and disbursement of the association. He shall keep all moneys and other valuables of the association in such bank or banks as the Board of Trustees may designate. He shall keep and have charge of the books of accounts which shall be open to inspection by any members of the Board of Trustees whenever required, an account of financial condition of the Organization and of all transactions as may be assigned to him from time to time by the Board of trustees. He shall post a bond in such amount as may be fixed by the Board of Trustees.

**Appointive Officer(s)** – The Board of Trustees may appoint such other officers and employees as it shall deem necessary, proper or convenient, who shall have such authority, and perform such duties and responsibilities as from time to time may be prescribed by the Board of Trustees.

## Board of Advisers

The board of advisers shall be composed of five to seven volunteer experts in the fields of education, health, labor, legal, gender, economics, population development, environment and research.

**Roles and Functions.** The board of advisers shall not have formal authority to govern the Organization, rather, the board of advisers shall provide recommendations, key information and materials to the board of trustees. The board of advisers may evaluate the performance of programs, provide technical expertise, provide an independent and unbiased opinion and suggestions, advocate for the Organization to the community it serves, and assist in determining important and relevant activities for the Organization.

**Selection of Board of Advisers.** Any member of the Board of Trustees may submit a nominee for the board of advisers to be accepted by the full board.

## II. Finance Procedure

This section shall provide a clear, efficient and effective system of financial management. The finance procedure is both instructions and financial policies of the organization that outline what GM staff and other project staff shall abide.

### Financial Documentation

All expenses must be supported with official receipts/invoices (BIR-registered) under the name of the organization. If meals or other expenses cannot be supported by an OR, grantee's acknowledgment receipt of payment vouchers may be used provided that the printed name, address and telephone number (if any) are indicated on the receipt.

- a.** Fixed expenses like office rental, vehicle rental, computer rental and other expenses of the same nature must be supported by a written agreement between the Organization and the Service Provider.
- b.** Trainings, seminars, and workshops must be supported by the following (whenever applicable):
  1. Attendance sheets signed by the participants
  2. Work order for services
  3. Quotations or bids for three places, just to justify selection of training venue. If three quoted venues is not possible, it must be supported with a letter of justification explaining the reason for choosing the venue without supporting quotations.
  4. Contracts or agreement for expenditures (ex. cost of food, accommodation venue)
  5. List of participants showing their complete name, position/title, name/address of organization represented.
  6. Original receipts and invoices
  7. Travel tickets, receipts or transportation reimbursement.
  8. Narrative Report.
- c.** Formal Group Discussions (FGD), Round Table Discussions (RTD), meetings must be supported by the following (whenever applicable)
  1. Activity Reports
  2. Minutes of the Meeting
  3. Attendance Sheets
  4. Original receipts and invoices
  5. Work order for services
  6. Contracts
  7. Transportation reimbursement, receipts

**d. Indirect/Overhead expenses**

The Organization considers the following examples as overhead/indirect expenses:

1. rental
2. utilities (electricity, water, telephone, internet)
3. subscriptions (website, magazines, e-learning materials)
4. staff support
5. dues and taxes (registration fees, municipal tax, real estate tax)

Overhead or indirect expenses do not need to be detailed in the budget, but it is encouraged and substantiation for overhead/indirect expenses (invoices, receipts, etc.) must be maintained.

**e. Personnel Salaries**

1. Staff payroll must be supported by a duly approved time report (DTR), and payroll sheet duly acknowledged received by the individual employees as proof of payment.
2. Include basic salary and overtime pay with approved authorization to Render Overtime.
3. Consultants are required to submit the report expected from the terms of references or contract signed between the consultant and the organization

**f. Employee Benefits**

1. May include employer's share of pension plan, medical insurance, 13th month pay and other "de minimis" benefits approved by law.
2. Regular meal, gasoline, cell phone allowance not allowed.

**g. Travel and transportation (monitoring visits)**

Meals, lodging and transportation expenses will be paid to the project personnel who will be on official travel outside the area of operation. Use of personal vehicles is allowed. However, only actual costs for the use of a vehicle can be charged to the project such as driver's fee, gasoline toll and parking fees and other costs directly related to vehicle usage except fines on driver's traffic violations.

**h. Purchase of equipment and supplies should follow Grantee organization's procurement policy. Minimum documentation required to be on file:**

1. Approved purchase requisition
2. Canvassed sheet of three suppliers
3. Approved Purchase Order

4. Receiving report and Delivery Receipts of Supplier
5. Sales Invoice and Official Receipt.

## Internal Control Guidelines

Program monitoring goes hand in hand with internal control which is a plan of organization comprising the coordinate measures and methods to safeguard assets, to check the accuracy and reliability of accounting data, and to promote operational efficiency and to encourage adherence to prescribed policies and procedures.

### a. Cash Receipts

1. The organization salaried employee should handle the cashiering function. In case this function is delegated (e.g. to staff or a member of the Executive Committee of the Board of Trustees), it should be assigned to a person other than the Bookkeeper.
2. The Cashier must issue Official Receipts for all cash receipts and collections.
3. All cash receipts/collections for the day shall be deposited intact not later than the next banking day.
4. All collections that are not deposited shall be kept in a secure place and should not be disbursed or directly used to pay for project expenses.
5. Official Receipts used should be issued numerical/chronological sequence.
6. A reconciliation of banking transactions should be done on a monthly basis by the Bookkeeper and checked by the Finance Officer.
7. No cash on hand aside from Petty Cash Fund should be maintained.
8. If no available staff can do the abovementioned, the Board of Trustee may appoint officers to take on the task as cashier and bookkeeper, and the Treasurer shall assume Finance Officer role.

### b. Check Disbursements/Payments

1. All payments, other than those from the petty cash fund, should be made in check.
2. Every disbursement/payment shall be covered or supported by a pre-numbered or numbered as used and duly approved, check voucher issued in numerical sequence. All payments must be substantiated by adequate support documents. Signing of blank checks is not allowed.
3. Checks are to be issued in numerical sequence and must be made payable to a specific payee. No check shall be issued to "Cash".
4. The signing of checks must be substantiated by adequate support of documents.



5. Payee or person receiving the check should issue corresponding Official Receipt (if applicable) equal to the face amount of the check and acknowledges receipt of payment by signing on the space provided for on the check voucher. In case of corporate payee, a photocopy of recipient's valid ID with picture and signature should be attached. When payment is made to a representative, an authorization letter should be required.
6. The check vouchers and the corresponding support documents of consummated transactions should be stamped "PAID" indicating the date of payment thereon and should be filed in chronological order so as to expedite future retrieval and tracing of data.
7. Voided or spoiled checks and check vouchers should be marked "Cancelled" and filed for future reference.
8. Unused and/or unreleased checks should be kept in a secure place.
9. All checks issued including cancelled check/s should be recorded chronologically using a check register or logbook. Information like name of payee, check number, amount, date of check, and the date of release should be recorded.
10. Consider budgetary limits in processing expenditures.
11. The bookkeeping and the cashiering function should be separate and performed by different persons.
12. A person other than those responsible for the preparation, issuance and signing of check should do the reconciliation of bank transactions.

**c. Petty cash Fund Disbursements and Replenishments**

1. A petty Cash Fund (PCF) is established for small/petty disbursements.
2. The fund should be kept and maintained under the Imprest System. At any given time, the fund set should equal the sum of the unreplenished petty cash vouchers plus the remaining cash in the Fund.
3. All payments from the funds must be supported and covered by a pre-numbered and duly approved Petty Cash fund.
4. The designated custodian has the sole responsibility over the Fund. A cash box exclusively for the fund should be kept in a secure place. This is accessible to the custodian only, or his/her alternate if he/she is on leave.
5. The Custodian, who prepares the voucher and releases the payments, should not perform the approving and bookkeeping functions.
6. Should the Custodian go on leave of absence, proper turn-over of the Fund should be done with the reliever or his/her alternate. The transfer of accountability must be properly noted and approved by the Company authorized officer.
7. The Payee should sign on the voucher to acknowledge receipt of payment. Payee or authorized recipient (with authorization) prints name, signs and indicates the date of receipt.

8. The fund should not be used to accommodate personal check and company checks issued by other parties.
9. Official cash advance paid from the Fund must be supported by a duly approved Cash Advances Slip and must be liquidated not later than five (5) working days after the completion of the undertaking.
10. Petty Cash Vouchers and support documents of completed transaction should be stamped "PAID", with the date of payment indicated thereon to prevent re-use of supporting documents or duplication of payments.
11. The Petty Cash Fund shall be replenished when the remaining balance of the fund below 20% of the total amount of the fund.
12. Requests for replenishments should be supported by a Petty Cash Replenishment Summary, duly checked & approved by the authorized officer.
13. A spot checking of the Custodian's cash accountability should be done regularly by a non-cash handling personnel. Discrepancies should be noted and reported to authorized officer concerned.

**d. Cash Advances and Liquidations**

1. Cash advances intended for personal purposes of the officers and staff of the Organization is not allowed. Cash advances shall be utilized only for expenses that are included in the approved activity budget and should be made by project salaried employees only.
2. Official cash advance should be for a specific purpose and should be supported by a duly approved Cash Advance Request form where the purpose of the advance, the projected time the undertaking will be conducted and the details of the projected expenditures should be indicated.
3. A Cash Advance Liquidation Report, together with the corresponding support documents should be prepared and submitted within fifteen (15) working days after the completion of the undertaking. The Grantee should devise a corresponding measure to enforce the policy in the case of non-compliance.
4. The Liquidation Report and all supporting documents should be stamped "PAID" with the date of liquidation indicated thereon to prevent unauthorized usage.
5. New cash advance shall not be given to the staff with unliquidated cash advance.
6. Partial liquidation is not allowed. Any unspent amount shall be immediately return to the Cashier (who shall issue an official receipt) and shall not be used to purchase any other item or services not intended for the purpose of the cash advance.
7. A monthly aging of outstanding cash advances/receivables should be made for effective monitoring. Delays on liquidation of cash advances affects timely recording of expenses and causes understatement of reported expenditures at any report date.

**e. Payroll**

1. Payroll should be prepared by a non-cash handling personnel.
2. Payments of salaries should be supported by a payroll summary and daily time record checked by the authorized personnel and approved by an officer.
3. All salary income and deductions of employees should be fully disclosed on the Payroll Summary.
4. Mandatory deductions and taxes on compensation should be effected against employees' salaries and properly remitted to the respective government agencies on their respective due dates.
5. Salary advance is not allowed, except for reasons like special circumstances which the executive board will allow.
6. Personnel file for every employee should be maintained. An employment contract should be prepared for each project staff. Documents in support for the changes in employment status and salary must be properly filed to facilitate tracing and preparation of year-end summaries and reports.

**f. Property and Equipment**

1. Capital expenditures should be in accordance with approved budget.
2. A Property and Equipment Ledger Card is maintained for each property or equipment. A Memorandum Receipt (MR) is accomplished whenever a property is assigned to individual staff. A master file of MRs, with control number and acknowledged received by assignee/s for all equipment issued by the Grantee, should be maintained and kept intact for purposes of verification, control and accountability.
3. All property and Equipment are coded and properly identified.
4. A logbook should be kept for all movements of properties.
5. In case of loss, the liability of the person concerned is determined based on the degree of diligence employed.
6. A physical inventory of the property and equipment is taken at least once a year.
7. When applicable, property and equipment should be adequately insured against fire, theft and other risks.
8. Purchases of Capital equipment require the grantee to submit reports, during and after the project ends. The useful life of an asset begins with the date of purchase.

## Internal Control Guidelines

### a. Chart of Accounts

The Chart of Accounts is designed to have a uniform classification and interpretation of the organization's financial transactions. It facilitates the recording and summarizing of transactions and the preparation of financial reports. The following are examples of accounts:

- Employee salaries and wages
- Professional and consultant's fee
- Employees benefits
- Travel and transportation
- Training, Workshop, Conferences and meetings
- Printing and publications
- Rental and utilities
- Supplies
- Other – donation/sponsorship
- Other – administrative expenses

### b. Books of Accounts and Subsidiary Ledgers

The following books should be maintained by the Grantee:

1. **Cash Receipt Book (CRB)** – all cash receipts transactions including collections, cash receipts from cash advances, cash donations are recorded in this book. Posting reference are the Official Receipts with corresponding validated deposit slips.
2. **Cash Disbursements Book (CDB)** – All transactions involving check disbursements or payments are recorded in this book. Posting references are the Check Vouchers.
3. **General Journal (GJ)** – All transactions not recorded in the CRB and CDB are recorded in the GJ. Posting references are the Journal Vouchers.
4. **General Ledger (GL)** – Book of final entry. It summarizes all entries in the books original entry (CRB, CDB, GJ). The account balances in this book are the basis for the preparation of the trial balance and financial statements.
5. **Subsidiary Ledger (SL)** – Subsidiary ledgers are provided for the following:
  - Receivables
  - Payables
  - Employees' earnings
  - Property and equipment
  - Others

### c. Monthly Reports

Reports should be prepared promptly and accurately. These should be properly signed by the maker, the checker and the authorized officer. The following reports should be prepared at the end of every month:

1. **Bank Reconciliation** – reconciles book balances of cash in bank accounts as against bank balances. This must be supported by a photocopy of the bank statement/bank book.
2. **Monthly Budget Monitor** – comparative statement of total-to-date expenses versus approved budget.
3. **Trial Balance** – summary of account balances as of a given date.
4. **Monthly Schedule of Advances/Receivables** – summary of advances and receivables granted and unliquidated during the reported period.
5. **Fund Statement** – summary of receipts and disbursements during the period.

### III. Operations Procedure

This section lists the standard operating procedures to be carried out by officers, members and staff involved in program development, implementation and evaluation. This guide is geared towards providing the individuals involved in programs and projects to achieve efficient and quality output while reducing failure.

#### Official Communication Lines

All communication addressed to the organization must be addressed, if not, submitted to the President or to the most senior staff who holds the highest position in the office.

The official email address: [gentlemenbicol@gmail.com](mailto:gentlemenbicol@gmail.com)

The official website: [www.gmbicol.org](http://www.gmbicol.org)

The official Facebook account: [www.facebook.com/gentlemenbicolofficial](http://www.facebook.com/gentlemenbicolofficial)

The official Facebook page: [www.facebook.com/gentlemenbicolofficial2.0](http://www.facebook.com/gentlemenbicolofficial2.0)

The official mailing address: 364 PNR Site, Barangay Market Site, Daraga, Albay, Philippines (4501)

#### Organizational Operations and Staffing Plan

To meet the goals of the organization, the minimum required staff are composed of an Executive Director, Admin and Finance support, and a Program Associate.

**Executive Director (ED).** The ED shall be in-charge of overseeing the organization's operations and will serve as the chief executive officer who supervises the implementation of programs and projects of the organization. The ED is expected to carry out board decisions and submit recommendations to improve the day-to-day operations of the organization. The ED shall prepare reports of program implementation results and impact, and prepare necessary financial reports. Also, the ED shall represent the organization to partners meeting and occasions relevant to the work of the organization.

Requirement: College degree holder preferably along health or social development or equivalent, and with at least three years work experiences in advocacy or development sector, or management or public administration.

**Admin and Finance support (AFS).** The AFS shall assist and report to the ED in all matters related to administrative and financial concerns of the organization. Shall serve as a liaison officer in meeting the necessary documents (financial or legal) required by government agencies and other partners. The AFS shall assist the ED in preparing financial reports on a monthly basis, and preparing annual financial reports. The AFS is also expected to support program planning, implementation and evaluation; such as but not limited to, providing support to training staff during conduct of activities; preparation of letters and coordination with local and national partners; preparation of cash advances and liquidation reports, and; is in charge of keeping track of produce knowledge-based materials, researches, and inventory of office supplies.

Requirement: At least college level with at least 1-year minimum work experiences or background in admin and/or finance.

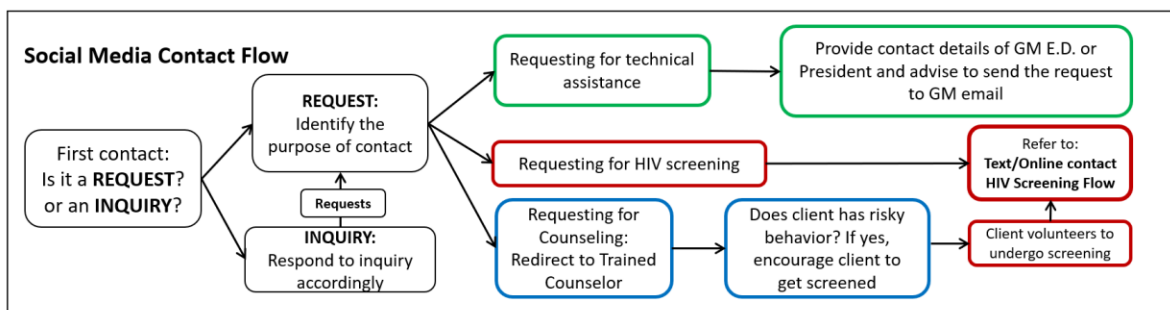
**Program Associate (PA).** The PS shall be in charge of manning the program and service delivery, including, but not limited to: assisting the ED in developing plans and training designs, facilitating conduct of educational discussions and training, facilitating provision of CBS and supervising CBS volunteers, coordinating activities with local national partners, and manning and managing the community center. The PA will likewise prepare accomplishment reports related to program and services.

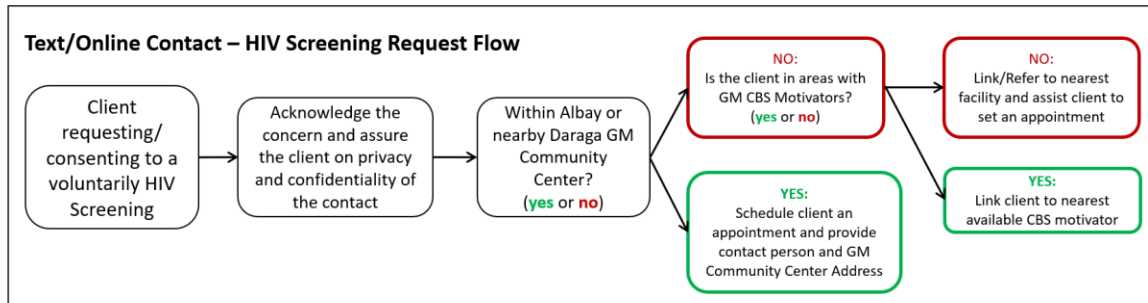
Requirement: At least college graduate, preferably health allied course with PRC profession (Nurse, Midwife, Medtech, etc.) with at least 1-year minimum work experiences or background in training, education or health service provision.

## Virtual Platform Management

GM Bicol is popular point of contact of people in communities through its social media. To ensure confidentiality of client and contact, strict adherences to RA 11166 and Data Privacy policies will be observed.

**Text or Online Contacts.** Administrator position on GM Bicol’s FB pages and GM Hotline number shall be limited to selected officers and staff. The person in-charge shall observe the following:





## HIV Community Based Screening

Only trained and certified CBS motivators will be allowed to conduct HIV screening. All CBS motivators. This section presents the protocols must be observed by all CBS motivators and GM staff in providing HIV screening in clinic and community setting.

### Who are the qualified CBS motivators?

- GM staff or members who are trained and certified by the DOH to provide HIV screening
- Newly trained CBS motivators may only perform HIV screening with the following conditions:
  - With the supervision or assistance by a seasoned CBS motivator
  - Or, with the supervision of GM's health staff

**CBS Kit Box** – the kit box is a portable clean container with GM's logo which contains a checklist of all items in it along with the following supplies:

- HIV screening kits
- Cotton balls
- Alcohol or alcohol swabs
- Pen and pencil
- Face masks
- Clean gloves
- Bandage scissors
- Small bandage (band aid)
- Biohazard container
- Small plastic bag

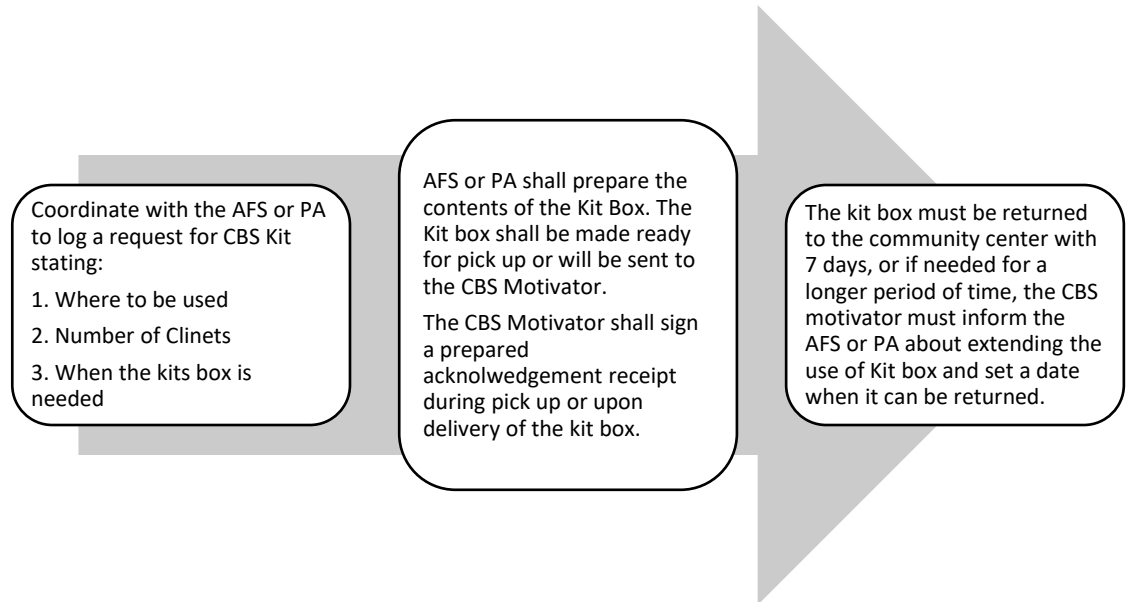
### Who prepares the CBS Kit Box?

All CBS Kit Boxes shall be monitored by the AFS or PA, or by the Committee on Community Extension and Services. Regular inventory of its contents must be done.



## Where and how to get CBS Kit Box?

All CBS Kit Boxes shall be made available in GM office or community center. CBS Motivators may request if there are scheduled HIV screening to be done outside the community center. Request process:



## Forms and Log sheets for CBS

All CBS motivators when conducting HIV screening must use a standard form being used in the community center.

All CBS forms shall be submitted within 7 days after the screening is done for records purposes, electronic copies of log sheets or forms can be transmitted to the AFS or PA. However, for data privacy and to maintain integrity of GM on how it manages sensitive documents and information, the CBS motivators are encouraged to only transmit electronic copies of such documents only to designated persons and proper channels such as email or GM FB messenger.

## Training and Re-orientation of Services

All CBS motivators will be given a periodic refresher course and opportunities to attend to educational discussions.

A regular case-conferences will be held and to be participated by all CBS Motivators to enable them to learn from the experiences of peers, and find innovative ways to improve the current procedures.

## GM Bicol Community Center (GMCC) Setting

The GM Bicol Community Center (GMCC) shall be served as the main operation center of all HIV CBS being conducted, where all supplies and kits will be stocked, documents will be kept, and clinic-based screening will be conducted.

Core programs and Services of GM Bicol Community Center (GMCC) are:

1. Sexual and reproductive health counseling
2. Clinic-based HIV counseling and screening
3. Free condoms and lubricants
4. Youth friendly 'tambayan'
5. Half way home for PLHIVs
6. Training and research center

**Sexual and reproductive health counseling.** Clinic-based staff and on-duty volunteer shall provide services to clients requesting or requiring counseling and education along SRH. Key important messages to be observed during conduct of counseling:

- Voluntary submission for HIV screening
- Correct and proper way of using condoms
- Health facilities available within the client's point of residence
- Privacy and confidentiality of client's are GM's priority

**Clinic-based HIV Counseling and screening.** Clinic-based staff and on-duty volunteer shall provide services to clients requesting or requiring HIV counseling and education, and HIV screening. Key important messages to be observed during conduct of counseling:

- Provision of Pre- and Post- counseling to clients
- Correct and proper way of using condoms
- Regular HIV screening every 3 months for identified client with risky behavior(s)
- Privacy and confidentiality of client's are GM's priority

All CBS motivators must secure an informed consent prior to conduct of HIV screening.

Young people 15-18 years old, under RA 11166 do not require a parental consent to get HIV screening. However, CBS motivators are encouraged to probe readiness of the young client to inform parents or guardian in the event that the result is reactive.

All reactive clients will be assisted by the PA or clinic staff, or CBS motivator handling the client to the nearest available Treatment Hub to the client's point of residence.

The professional relationship of the GM staff/CBS motivator ends once the reactive client has been successfully endorsed to the Treatment Hub. However, new reactive clients may be informed about the GM+ and interested clients can be admitted to GM+ (GM Bicol's support group for PLHIV).

CBS protocols by the Department of Health shall be strictly observed.

**Sexual and reproductive health counseling.** Clinic-based staff and on-duty volunteer shall provide clients requesting or requiring counseling and education along SRH. Key important messages to be observed during conduct of counseling:

**Community-based HIV Counseling and screening.** All CBS must be logged in the GMCC records, and that CBS motivators must inform the secretariat, composed of ED, PA, and AFS before the conduct of the CBS outside clinical setting.

To ensure safety of member-volunteers and CBS motivators, the secretariat must identify the location of the meet-up or where the CBS will be done. If secretariat finds that the location may be unsafe for the CBS motivator, this will be flagged to the officers and the CBS must be cancelled, or, a new location may be recommended.

Organized CBS activities are those: another institution requests for GM Bicol's assistance in conduct of CBS, or the CBS activity is organized by GM Bicol. All organized CBS activities must be with the endorsement of the ED and approval of the President.

The safety of all members of the secretariat and GM Bicol CBS group shall be the number one priority of the organization.

All outside clinical-setting HIV screening must observe the protocol's set by the DOH.

## Physical set-up of GMCC

GMCC refers to the physical structure which holds the center of operations of GM Bicol. It is where most of GM Bicol's clinic-based programs and services shall be done. To set a standard for the GMCC, this section will guide GM Bicol's officers and staff in setting-up the GMCC:

**Location.** It is recommended that the GMCC be located near major routes of public transportation; in residential or commercial area, which can easily be accessed by the general public.

**Signage.** A unique banner or identifier which will make the physical space be known to the public as the GMCC. A GMCC may adapt an eye-catching tag or name for the community center for branding purposes. It is imperative to be sensitive, in choosing a name, to the culture and readiness of people and the community, in the context that the name does not add stigma to people or potential clients getting services from the GMCC.

Additional signage to be posted on the entrance of the GMCC is a clear post that the physical space is 'Youth/Adolescent-friendly'.

**Spaces/Rooms.** The GMCC must have a receiving area, a closed counseling space and HIV screening space, an office or administrative space, and a multipurpose space which may serve as additional counseling space or a conference room for meetings and educational activities. For sanitation and comfort, the GMCC must have its indoor sink and toilet.

- **Receiving area.** The receiving area must be located right at the entrance of the physical space of the GMCC. It must have a welcome post, and IEC and other reading materials for visiting clients. It must have at least one table and a resting area with a table and chairs.
- **Safe space for Counseling and HIV Screening.** The counseling and HIV screening room must be well lit, and as much as possible, sound-proof. This room must be with a door which can be closed any time there is a client for counseling or screening. A post or sign which may give other staff an idea that a counseling or screening is happening can be affixed on the outside part of the door. This room must have at least one table and two chairs.
- **Multi-purpose room.** This room may be used for a variety of purpose such as, but not limited to, hold meetings, serve as conference room, holding area for clients in queue, teen-tambayan, and half-way home for PLHIVs. The multi-purpose room must be set up with decent furniture and creational and reading materials, such as but not limited to, board games, musical instruments, TV set, reading materials and IEC materials.
- **Admin room.** This room shall hold the main office of the admin staff where important documents and petty cash can be kept safely. This room must have at least two sets of office tables and chairs.

The GMCC must have the following:

- Fire extinguisher
- Log book for visitors/clients
- Trash bins in all major rooms following the segregation protocols imposed by the local government
- Trash bin specific for bio hazards
- Signages per room

- Cabinets and storage boxes
- Water dispenser

## Legal Documents

GMCC must be registered in the village/barangay level and the municipal level. The ED will be in-charge on ensuring that all legal documents for operations is secured. Other required accreditations must be met to ensure safety of both the secretariat and clients, such as safety requirements and sanitation requirements.

Photocopies of all legal documents along GMCC and GM Bicol's operations must be posted on the receiving area where it can be visible to everyone.

## Health and Safety Protocols

GMCC must have at least one fire extinguisher, however, it is recommended to have two – one in the receiving area and one in the next biggest main rooms of the GMCC.

- Fire extinguishers must be placed where it can be visible and easily accessible.
- Fire exits must be clearly marked
- Annual fire and earthquake drills must be undertaken by the secretariat and volunteers who commonly stays in the GMCC
- Emergency hotlines must be posted on all major rooms
- Trash bins, especially the one for biohazards must have big, clear and readable labels
- First Aid kits must be available at all times
- Essential medications must be kept in the admin room for emergencies. Essential medications are: antipyretic for fever, anti-allergy medications, and pain relievers

## Halfway Home for PLHIV

The multipurpose room can house a PLHIV member of GM+ who resides in area far from the treatment hub (Bicol Medical Training and Teaching Hospital – BRTTH). This will serve as the halfway home for such identified PLHIV.

- The party concerned (PLHIV) must book three days prior to his/her check-in date in the halfway home
- First come first serve policy will be observed
- A separate logbook will be used for guests getting the halfway home services of GM Bicol. Clean beddings will be provided by the secretariat.
- The use of halfway home shall be 'Free' of charge

## Monitoring and Evaluation

This section presents key indicators which the organization will use to measure the level of its success in meeting its organizational goals. A quarterly monitoring and periodic evaluation must be done every year.

### Members

GM Bicol aims to nurture its members and produce leaders who can lead SRHR advocacy in Bicol. Along these lines, the organization must have an annual tracer of its members with respect to: locations, skill set, and community engagements. In this backdrop, an annual M&E must be done following the template below.

Year:		Total number of Members:	
Province	No. of Members	No. CBS Motivators	No. Peer Counselors
Camarines Norte			
Camarines Sur			
Albay			
Sorsogon			
Catanduanes			
Masbate			

### HIV Services (CBS)

GM Bicol continues to contribute to the national and global goals of achieving 90% of the population knows their HIV status, and that 90% of PLHIVs are enrolled in ART. To measure this, a quarterly monitoring must be done using the template below:

Quarter:		Year:		Date accomplished:	
Number of Individuals Screened (Community-based Screening)					
Month	# of Males	# of Females	# of reactive	# of Linked to facilities/ Tx Hub	# of lost to follow-up
TOTAL					

Quarter:		Year:		Date accomplished:	
Number of Individuals Screened (GMCC-based Screening)					
Month	# of Males	# of Females	# of reactive	# of Linked to facilities/ Tx Hub	# of lost to follow-up
TOTAL					

## Multi-level Advocacy

GM Bicol acknowledged the importance of a multisectoral approach in its advocacy work. To be able to monitor reach of GM advocacy work along its core strategies: awareness raising, capacity-building, networking, and evidenced-based advocacy – the following template shall be used for M&E:

<b>Indicator</b>	<b>Activities conducted</b>	<b>Outcomes</b>
No. of activities conducted related to consensus building for empowerment	<i>(Includes awareness raising activities and meetings with key stakeholders)</i>	
No. of capacity-building activities for sustainability	<i>(Includes training conducted or training participated)</i>	
No. of Media activities	<i>(Includes social media reach, press releases which resulted to media discussions, and media mobilization activities)</i>	
No. of policies supported	<i>(Includes activities which led to improved policy environment for SRHR, resulted to GM Bicol becoming member of public decision-making body or consultation body)</i>	
No. of networks and affiliations	<i>(Include local and national network membership, movements attended and supported, and public-private ad hoc participation – including SDNs and local health councils)</i>	
No. of knowledge outputs	<i>(Includes original materials produced by GM Bicol, articles written by GM Bicol, and researches)</i>	

## Communication Plan

This section holds key messages to guide GM CBS motivators during service provision work. The messages can be adapted and remodeled according to the audiences and media to used.

CBS Messaging		
<i>The below messaging guide is adopted from Health Action Information Network's "Community-Based HIV Screening in the Philippines: Training Module for CBS Motivators 2015."</i>		
Setting	Information and Knowledge	Feelings, attitude & behavior
<b>Outreach</b>	<p><b>Basic HIV &amp; AIDS</b></p> <ul style="list-style-type: none"> <li>• Country situation</li> <li>• Definition</li> </ul> <p><b>Modes of HIV Transmission</b></p> <ul style="list-style-type: none"> <li>• Unprotected anal or vaginal sex with an infected partner</li> <li>• Sharing needles in drug use with an infected person</li> <li>• Being born from an infected mother</li> </ul> <p><b>Infectious Body Fluids</b></p> <ul style="list-style-type: none"> <li>• Blood</li> <li>• Semen and vaginal fluid</li> <li>• Breast milk</li> </ul> <p><b>HIV is not transmitted by:</b></p> <ul style="list-style-type: none"> <li>• Saliva</li> <li>• Casual contact (hugging, closed-mouth kissing, snuggling)</li> <li>• Mosquito bites</li> <li>• Sharing eating/ drinking utensils</li> <li>• Toilet seats</li> <li>• Methods of HIV Prevention</li> <li>• Abstinence</li> <li>• Mutual monogamy with an uninfected partner</li> <li>• Correct &amp; consistent condom use (including proper condom use, as needed)</li> <li>• Non-Penetrative Sex</li> <li>• Don't share needles or disinfect needles when injecting drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• More young people are getting infected with HIV, most new cases occur among people in their 20s, specifically MSM and TG</li> <li>• Because of sharing needles in injecting hormones, TG are also vulnerable to HIV.</li> <li>• You cannot tell if anybody is infected just by his physical appearance.</li> <li>• HIV testing is the only sure way of finding one's HIV status.</li> <li>• Knowing your HIV status early on will increase the chances of living a longer &amp; more productive life.</li> </ul>
<b>Risk Assessment (Pre-test motivational conversation)</b>	<p><b>HIV &amp; STI</b></p> <ul style="list-style-type: none"> <li>• STI syndrome - discharge, ulcer, abdominal pain</li> </ul> <p><b>Principles of HIV Transmission (ESSE)</b></p> <ul style="list-style-type: none"> <li>• HIV EXITS the body of an infected person</li> <li>• HIV must be in conditions that it can SURVIVE</li> <li>• There must be SUFFICIENT amount of HIV to cause infection</li> <li>• HIV must ENTER the bloodstream of another person</li> </ul> <p><b>Risk Hierarchy of Sexual Practices</b></p> <ul style="list-style-type: none"> <li>• ESSE Legend Tool Window Period</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually Transmitted Infections do not lead to HIV infection.</li> <li>• Having untreated STI makes one vulnerable to HIV (especially if behavior is not improved) because it weakens the immune system.</li> <li>• Some STI are curable while some are just treatable.</li> <li>• Once you feel or see any of these symptoms, it is best to consult a doctor or visit the</li> </ul>



	<ul style="list-style-type: none"> <li>• Encourage the client to take the test after one month.</li> </ul> <p><b>Community-based HIV Screening (CBS)</b></p> <ul style="list-style-type: none"> <li>• Definition</li> <li>• Procedure</li> <li>• Confidentiality</li> </ul>	<p>SHC.</p> <ul style="list-style-type: none"> <li>• You cannot tell by a person's appearance (beauty, cleanliness, good smell) if s/ he has an STI or HIV.</li> <li>• The only way to find out about one's HIV status is through HIV Screening and Testing.</li> <li>• Knowing one's HIV status early on will increase her/ his chances of living a longer and more productive life by giving access to medical and psychological care.</li> <li>• CBS is a private, confidential, and quick way to find out one's HIV status.</li> <li>• Instead of waiting for weeks to get your test results, the result of CBS is known after a few minutes only.</li> </ul>
<p><b>Client Accepts; Signs Consent Form</b></p>	<p><b>Explain what you're doing as you're about to do it.</b></p> <p><b>Community-based HIV Screening (CBS)</b></p> <ul style="list-style-type: none"> <li>• Procedure</li> </ul> <p><b>Explain the importance of signing the consent form.</b></p> <ul style="list-style-type: none"> <li>• Consent Form</li> </ul>	<ul style="list-style-type: none"> <li>• The consent form signifies that the client has clearly understood the procedure of CBS as explained by the Motivator and her/ his agreement to take the CBS.</li> </ul> <p><i>For the Motivator: Consent is an issue for minors (14 and below) so make sure you (and your CBO) are prepared to handle issues unique to dealing with minors.</i></p> <p><i>While 15 and above, according to RA 11166 may undergo HIV screening without parent's consent.</i></p>
<p><b>Administer Rapid Screening (Finger Prick)</b></p> <p><b>Ensure that the correct steps in pricking is strictly observed.</b></p>	<p><b>Explain what you're doing as you're about to do it.</b></p> <p><b>Community-based HIV Screening (CBS)</b></p> <ul style="list-style-type: none"> <li>• Procedure</li> <li>• Pricking</li> <li>• Waiting time for result</li> </ul>	<ul style="list-style-type: none"> <li>• CBS requires a small amount of blood from the fingertip.</li> </ul> <p><i>For the Motivator: While waiting for the CBS result, ask the client if s/he wants to ask or clarify something about the things you discussed with her/ him, or other issues s/ he wants to talk about.</i></p>

<p><b>Nonreactive; Post screening Motivational Conversation</b></p>	<p><b>Meaning of non-reactive result</b></p> <ul style="list-style-type: none"> <li>• The screening did not detect anything in the blood.</li> </ul> <p><b>Client might be in window period:</b></p> <ul style="list-style-type: none"> <li>• Encourage client to take the test again after 1 month.</li> </ul> <p><b>Methods of HIV Prevention</b></p> <ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Mutual monogamy with an uninfected partner</li> <li>• Correct &amp; consistent condom use</li> <li>• non-penetrative sex (NPS)</li> <li>• Don't share needles or disinfect needles in drug use</li> </ul> <p><b>Referral/s</b></p> <ul style="list-style-type: none"> <li>• To SHC for other SRH concerns (including available services and clinic schedule/ operating hours)</li> <li>• To SHC/ private clinics for other health concerns</li> <li>• To possible sources of condoms (free or paid for)</li> </ul>	<p><i>For the Motivator: Explore what the client is thinking of after knowing the non-reactive result (feelings, realizations, and decisions, if any).</i></p> <ul style="list-style-type: none"> <li>• A non-reactive result DOES NOT mean that one cannot get HIV in the future.</li> <li>• Maintaining one's negative HIV status is important.</li> <li>• You cannot tell by a person's appearance (beauty, cleanliness, good smell) if s/ he has an STI or HIV.</li> <li>• Not everybody can abstain from sex, so be monogamous with an uninfected partner and make sure he is also monogamous to you.</li> <li>• If limiting the number of sexual partners is not possible, then use condoms correctly and consistently.</li> <li>• There are other ways to have sex without penetration and exchange of body fluids. Your imagination is the only limit.</li> <li>• Taking alcohol and/ or drugs prior to having sex will not give you STI or HIV but its effects will most likely affect your resolve to use condoms or do non-penetrative sex only.</li> <li>• Don't share needles (during hormone injections). If sharing needles can't be avoided, at least disinfect the needle before using.</li> </ul>
<p><b>Reactive; Post screening Motivational Conversation</b></p>	<p><b>Meaning of reactive result</b></p> <ul style="list-style-type: none"> <li>• The screening detected HIV in the blood. However, the result of CBS is NOT conclusive. It still needs to be confirmed.</li> <li>• The confirmatory test (Rapid HIV diagnostic algorithm or rHIVda is done in the SHC.</li> </ul> <p><b>rHIVda</b></p> <ul style="list-style-type: none"> <li>• Working definition</li> <li>• Set the date &amp; time for the SHC visit.</li> </ul>	<p><i>For the Motivator: Explore what the client is thinking of after knowing the non-reactive result (feelings, realizations, and decisions, if any).</i></p> <p><i>For the Motivator: Ensure the client that you will go with her/him when she/he goes to the SHC for the confirmatory test. Ensure her/him that at the SHC, she/he will be treated</i></p>

	<ul style="list-style-type: none"> <li>• Explain that when the result has been confirmed, there is a range of services that will be available to him/her so he/she can maintain her/his health and live uneventfully</li> </ul>	<p><i>with respect and her/his condition with confidentiality.</i></p> <ul style="list-style-type: none"> <li>• It is better to confirm the CBS result at the SHC as soon as possible. Why?</li> <li>• If the confirmatory test returns non-reactive, then client will be less stressed and she/ he can focus on maintaining her/ his HIV negative status.</li> <li>• If the reactive result is confirmed, remember that early diagnosis means early treatment, which means opportunistic infections can be avoided.</li> </ul>
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Note:

HAIN (Health Action Information Network) (2015), "Community-Based HIV Screening in the Philippines: Training Module for CBS Motivators 2015"



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