



Republic of the Philippines  
**Department of Education**  
 REGION XI  
 SCHOOLS DIVISION OF DAVAO DEL NORTE

DEPED DIVISION OF DAVAO DEL NORTE  
 RECORDS SECTION  
**RECEIVED**  
 Date: 28 SEP 2022 4:13 PM  
 By: \_\_\_\_\_

**Office of the Schools Division Superintendent**

DIVISION MEMORANDUM  
 DM- 1076, S. 2022

To: Assistant Schools Division Superintendent  
 Chief, Education Supervisor, School Governance and Operations Division  
 Education Program Supervisor, SGOD  
 Public School District Supervisor  
 Division Medical Officer and Nurses  
 All other Concern


Subject: **SUBMISSION OF ACCOMPLISHMENT REPORTS ON ADOLESCENT REPRODUCTIVE HEALTH**

Date: September 27, 2022

1. The Adolescent Reproductive Health (ARH) Program aims to reduce the adverse consequences of sexual behavior and to improve the quality of sexual relationships for young people, both as young people today and in their future life as adult.
2. In line with this, all ARH School Focal Persons are directed to submit accomplishment reports using the attached templates, following the schedules of submission:

Reporting Template	Schedule of Submission
1. Reporting Form 1 with Annex	Every first week of the month
2. Reporting Form 2 with Attendance Sheet	Every last week of the month of February, May, August, November
3. Reporting Form 3	4 <sup>TH</sup> Week of the month of June

3. The Equal Opportunities Principle (EOP) shall be employed at all times where all individuals in the division, and schools are fully recognized regardless of gender, religion, ethnicity and political affiliation.
4. Please be guided accordingly.

  
**DEE D. SILVA, DPA, CESO V**  
 Schools Division Superintendent

Enclosure: As stated

SGOD-SHS/CPC



DM-1076 S. 2022



Republic of the Philippines  
**Department of Education**  
DAVAO REGION

**Office of the Regional Director**

REGIONAL MEMORANDUM  
ESSD-2022-171

To : Schools Division Superintendents

Subject: SUBMISSION OF ACCOMPLISHMENT REPORTS  
ON ADOLESCENT REPRODUCTIVE HEALTH

Date : September 13, 2022

To continuously support the primary care service providers for friendly and responsive adolescent health care, the Adolescent Reproductive Health (ARH) Program is launched as one of the six major programs of Oplan Kalusugan sa Department of Education (OK sa DepEd).

The broad aim of ARH Program is to reduce the adverse consequences of sexual behavior and to improve the quality of sexual relationships for young people, both as young people today and in their future life as adults.

In line with this, all SDO-ARH Program Coordinators are directed to submit accomplishment reports on ARH using the attached templates following the schedules of submission:

Reporting Template	Schedule of Submission
Reporting Form 1 with Annex	Every first week of the first month of the succeeding quarter
Reporting Form 2 with Attendance Sheet	Every first week of the last month of the quarter
Reporting Form 3	End of School Year

This is to track all cases/issues among adolescents in school and the interventions/management done; and all projects, activities, and advocacy campaigns related to ARH.

Immediate and wide dissemination of this Memorandum is desired.

**ALLAN G. FARNAZO**  
Director IV

12-6278

RGE/smtc





**QUARTERLY ADOLESCENT REPRODUCTIVE HEALTH (ARH) REPORT**

For the Quarter of: \_\_\_\_\_

Division: \_\_\_\_\_

A.

Total # of Personnel Involved in ARH (*include GC/Teacher)		Number of trained/oriented Personnel on AJA/ADEPT/Foundational Course/HYO/SHAPE-A		# of Peer Education conducted	# of Peer Educators organized		# of trained Peer Educators assisting in the school		# of adolescents seeking consult in school	
TP		AJA (Adolescent Job Aide)								
Health Personnel		Foundational Course on Adolescent Health		JHS			JHS		JHS	
GC		Healthy Young Ones		SHS			SHS		SHS	
Other NTP		Sexually Healthy and Personally Empowered Adolescents (SHAPE-A)		TOTAL			TOTAL		TOTAL	
TOTAL		ADEPT (Adolescent Development Health Education and Practice Training)								

B.

Top Ten Common Issues Among Visiting Adolescents (cases and numbers)			# of Teenage Pregnancy Cases					Number of Referrals	Number of Feedbacks
Type	No.		9 y.o. and below	10-14 y.o.	15-19 y.o.	Total	# of 4Ps		
1						0			
2			# of Suicide Cases					Activities Conducted for Adolescents (including community outreach)	# of Adolescents Reached
3			9 y.o. and below	10-14 y.o.	15-19 y.o.	Total	# of 4Ps		
4						0			
5			# of Attempted Suicide Cases						
6			9 y.o. and below	10-14 y.o.	15-19 y.o.	Total	# of 4Ps	# of IPs	
7						0			
8			# of Substance Use/Abuse Cases						
9			9 y.o. and below	10-14 y.o.	15-19 y.o.	Total	# of 4Ps	# of IPs	
10						0			
TOTAL							TOTAL		0

Submitted by:

Reviewed by:

Approved by:

\_\_\_\_\_  
Division ARH Coordinator

\_\_\_\_\_  
Head of Office

\_\_\_\_\_  
Schools Division Superintendent

Date: \_\_\_\_\_

ANNEX - REPORTING FORM 1

A.1. Comprehensive Teenage Pregnancy Data in Public Schools

Grade Level	No. of pregnant learners	No. of learners: Trimester of Pregnancy at first clinic consultation/ referral			No. of learners: Quarter of CY Reported for first clinic consultation/ referral				Impregnator: Number		
		1st	2nd	3rd	1st	2nd	3rd	4th	Minor	Adult	Undetermined
<b>TOTAL</b>											

(Please add additional row/s if necessary)

A.2. Status of Pregnant Learners

Grade Level	ACCESS TO EDUCATION - No. of Learners			ACCESS TO HEALTH SERVICES - No. of Learners		
	No. in School	No. in ADM	No. Dropped	No. to Brgy. RHU/ MHO	No. with Private OB	No. Lost to Follow up
<b>TOTAL</b>						

(Please add additional row/s if necessary)

A.3. Number of cases of violence against children committed in schools that were recorded by the school

Grade Level	Physical Violence		Sexual Violence		Psychological Violence		Other Types of Violence (Specify)		TOTAL	Total # of 4Ps	Total # of IPs
	Male	Female	Male	Female	Male	Female	Male	Female			
<b>TOTAL</b>											

(Please add additional row/s if necessary)

A.4. Number of cases of bullying or peer abuse that were recorded by the school

Grade Level	# of cases			Total # of 4Ps	Total # of IPs
	By Gender		Total		
	Male	Female			
<b>TOTAL</b>					

(Please add additional row/s if necessary)













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Department of Education  
DIVISION OFFICE

# ATTENDANCE SHEET

## ADOLESCENT HEALTH AND DEVELOPMENT PROGRAM

Title of the Activity LGU: Municipality/City	Youth Development Session (YDS) / JRGAD-SHAPE A	SDO	
		VENUE:	
		DATE/S:	

1	NAME	If In-School, Write GRADE LEVEL/ If Not Write OSY	If IP, check (✓)	BIRTHDAY	AGE	SEX		ADDRESS (Include Barangay & Municipality)	SIGNATURE
						M	F		
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total number of adolescents (10-19 yo): \_\_\_\_\_ Total number of male adolescents: \_\_\_\_\_ Total number of female adolescents: \_\_\_\_\_  
 Total number of adults: \_\_\_\_\_

**Adolescent Reproductive Health (ARH) Program Report (Annual)**

Region: Division:	Period Covered:
Office Address:	
Office Telephone Number:	Mobile Number:
Fax Number:	Email Address:
Number of Schools in the Region/ Division: Elementary: Secondary: Integrated:	

## Part I: LIST OF ARH RELATED PAPS

Programs / Activities / Projects	Objectives	PAP Components	Beneficiaries / Participants	Coverage (Location)	Funding and Source	Implementing Partners	Status / Implementation Date
<i>(Name/ Title of PAPs)</i>	<i>(Specific purpose, objectives and targets of the PAP)</i>	<i>(Specific components, strategies or parts under the PAP)</i>	<i>(Primary and secondary target participants and number of beneficiaries)</i>	<i>(Geographic coverage)</i>	<i>(Budget and Fund Source)</i>	<i>(Other institutions involved in the implementation of the PAP)</i>	<i>(Current progress or accomplishments of the PAP)</i>

## Part II: ACHIEVEMENTS, ISSUES AND CONCERNS IN PROGRAM IMPLEMENTATION

## Achievements / Major Reforms

*(Briefly discuss the successes in implementation, i.e changes brought by activities in the area/ school community)*

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## Facilitating Factors

*(Briefly discuss major outstanding factors that contributed to the successful implementation)*

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## Hindering Factors

*(Briefly discuss major factors that caused delay or impeded implementation)*

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## Recommendations

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Part III: Photo Documentation with Captions *(Clear Action Photos are preferred)*

## Part IV: Local Resources Related to ARH

*(post direct links if published via hyperlink or consolidate in a google drive)*



1. Researches

Title	Proponents and Affiliation	Link

2. Learning Materials

Title	Type (booklet, flipchart, etc.)	Target Grade	Language	Link

Part V: Submission Details

Prepared by:  ARH Focal Person Date: _____	Noted:  Regional Director/ Schools Division Superintendent
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1. **Audio Visual Presentation (optional)**

- a) Previous recorded activities, including capacity buildings, health promotion events, related program videos for ARH
- b) New recording for existing activities / program implementation
  - i. Choose good backgrounds with adequate lighting
  - ii. Set audio recording to Stereo
  - iii. Video format should be MP4 with 1080p or 720p resolution;
  - iv. File Format: MP4
  - v. Dimensions: 1920px x 1080px (16:9)
  - vi. Orientation: Landscape
  - vii. Frame Rate: 30fps
  - viii. Duration must not exceed 5 minutes

Prepared by:

\_\_\_\_\_

Noted:

\_\_\_\_\_