



Republic of the Philippines  
**Department of Education**  
 REGION VII - CENTRAL VISAYAS  
 DIVISION OF CITY SCHOOLS - TAGBILARAN CITY

**Office of the Schools Division  
 Superintendent**

December 9, 2025

DIVISION MEMORANDUM  
 No. 896, s. 2025

**SUBMISSION OF REPORT ON ADOLESCENT REPRODUCTIVE HEALTH (ARH)  
 PROGRAM**

To: Assistant Schools Division Superintendent  
 Chief, CID and SGOD  
 All Public Elementary and Secondary School Heads  
 School Adolescent Reproductive Health (ARH) Coordinators  
 All Others Concerned

1. This Office, through the School Health and Nutrition Unit, requires the school to update the necessary health-related data on the incidence rate of pregnancy and ARH- related cases involving learners.
2. With this, the school ARH focal person shall submit the reports to the Division ARH Focal Person, Mrs. Adeline Carmen Castaño-Dagamac through this email address: [adelinecarmen.dagamac@deped.gov.ph](mailto:adelinecarmen.dagamac@deped.gov.ph) every quarter using the attached template on or before the following dates.

Quarter	Inclusive Months	Date of Submission
1 <sup>st</sup> quarter	January- March	Every 15 <sup>th</sup> day of March
2 <sup>nd</sup> quarter	April- June	Every 15 <sup>th</sup> day of June
3 <sup>rd</sup> quarter	July- September	Every 15 <sup>th</sup> day of September
4 <sup>th</sup> quarter	October- December	Every 15 <sup>th</sup> day of December

3. Attached is the template for reference.
4. Immediate and wide dissemination and strict compliance of the Memorandum is highly expected.

**WILFREDA D. BONGALOS PhD, CESO V**  
 Schools Division Superintendent

WDB/JAL/SGOD/MCC/accd



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## ADOLESCENT REPRODUCTIVE HEALTH MONITORING FORM

Name of School: \_\_\_\_\_ School ID Number: \_\_\_\_\_

District: \_\_\_\_\_ Complete School Address: \_\_\_\_\_

Name of School Head: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Total Enrolment: Male \_\_\_\_\_ Female \_\_\_\_\_ = Total \_\_\_\_\_

**SY:** \_\_\_\_\_

*(Check/Provide appropriate answers)*

### 1. Number of Pregnant Learners

Grade Level	In School	No. of Learners: Trimester of pregnancy at first referral/consultation			No. of Learners: Quarter of CY reported for first clinic referral/consultation				On Alternative Delivery Mode	Transferred		Dropped
		1st	2nd	3rd	1st	2nd	3rd	4th		In	Out	
Grade 4												
Grade 5												
Grade 6												
Grade 7												
Grade 8												
Grade 9												
Grade 10												
Grade 11												
Grade 12												
<b>TOTAL</b>												

### 2. Status of Pregnant Learners

Grade Level	Access to Health Services		
	No. to Brgy. RMU/ HMSO	No. with Private OB	No. Lost to follow-up
Grade 4			
Grade 5			
Grade 6			
Grade 7			
Grade 8			
Grade 9			
Grade 10			
Grade 11			
Grade 12			
<b>TOTAL</b>			

### 3. Number of Impregnator-Learners

Grade Level	In School	Impregnator: Number			On Alternative Delivery Mode	Transferred		Dropped
		Minor	Adult	Undetermined		In	Out	
Grade 4								
Grade 5								
Grade 6								
Grade 7								
Grade 8								
Grade 9								
Grade 10								
Grade 11								
Grade 12								
<b>TOTAL</b>								

4. Does the school have an operational teen center/learner support center?  Yes  No



**5. Number of Learners Reached by Adolescent Reproductive Health Trainings/Activities**

NAME OF ACTIVITIES	No. of Learners		No. of Participants/ Members/ Coaches/ Advisers		
	Elementary	High School	Teachers/NTP	Learners	Parents
Sample activities: HIV/AIDS trainings/lectures					
Mental Health Trainings/lectures					
Puberty, Menstrual Cycle and Hygiene Health Education					
Healthy Young Ones					
Reproductive Health and Teenage Pregnancy Health Education					
Conduct of Rapid Psychosocial Assessment for learners in schools					
<b>TOTAL</b>					

**6. Best Practices:** \_\_\_\_\_  
 \_\_\_\_\_

**Prepared by:** \_\_\_\_\_  
**School Adolescent Reproductive Health Focal Person**

**Noted by:** \_\_\_\_\_  
**School Head**

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

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

**Monitored & Validated by:**

\_\_\_\_\_ Date: \_\_\_\_\_  
**School Health Section Personnel**







C. Status of Learners Referred due to	Abuse and Safety	Stow-away behavior	Bullying	Suicidal Ideations	Smoking/vaping	Alcoholic beverage drinking	Illicit drugs	Experience of romantic relationship	Sexual encounter	Sexual coercion/abuse	Pregnancy/ Parenthood	Needs help/ Seeks counseling
	No longer needing further intervention and is attending school											
With continued access to services and still going to school												
Without continued access to services but still going to school												
With continued access to services but not going to school												
Without / no known accessed and have dropped out												

Prepared by: \_\_\_\_\_

Noted by \_\_\_\_\_

School ARH Focal Person

School Head

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

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