



Republic of the Philippines
Department of Education



Tanggapan ng Kalihim
Office of the Secretary

SEP 08 2005

DepED MEMORANDUM
No. 261, s. 2005

OPERATIONALIZATION OF THE UNFPA-ASSISTED PROJECT "INSTITUTIONALIZING ADOLESCENT REPRODUCTIVE HEALTH (ARH) THROUGH LIFESKILLS-BASED EDUCATION" (PHL6R306)

To: Undersecretaries
Assistant Secretaries
Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division/City Superintendents
Heads, Public and Private Elementary and Secondary Schools

1. For the information and guidance of all concerned, enclosed is a copy of the Department of Education-United Nations Population Fund (DepED-UNFPA) Project entitled "Institutionalizing Adolescent Reproductive Health (ARH) through Lifeskills-Based Education" (PHL6R306).
2. The project is specially designed to address the various reproductive health concerns of a significant sector of the in-school and out-of-school youth population, the adolescents. It aims to:
 - a. enhance the over-all wellness of the Filipino adolescents i.e. the physical, mental, emotional, social and spiritual development; and
 - b. contribute to better learning outcomes, reduced dropout rate, increased completion rate and improved quality of learning.
3. Pursuant to the Letter of Understanding (LOU) between the UNFPA and the DepED for the implementation of the Annual Work Plan (AWP) approved as part of the 6th Country Programme of Assistance, the Project Coordinating Committee (PCC) is established to act as the policy making body of the project and to oversee its day to day operations.
4. The Project Management Unit (PMU) is composed of the following:

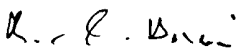
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|--|---|-------------------------------------|
| Chairperson/Project Manager | - | Undersecretary Fe A. Hidalgo |
| Executive Officer | - | Director Thelma G. Santos, HNC |
| Members | - | Director Teresita G. Inciong, BEE |
| | | Director Lolita M. Andrada, BSE |
| | | Director Carolina S. Guerrero, BALS |
| Technical Project Coordinator | - | Ms. Nenita S. Crisologo |
| | | Ms. Alicia M. Felizardo |
| Three Administrative Assistants in the PMU | | |
5. To ensure the efficient and effective implementation of the project there are staff members from the BEE, BSE, BALS and HNC at Central Office and their counterparts at regional and division levels who shall act as focal persons tasked to coordinate the program at their respective areas of concern.

6. Particular attention shall be given to the initial areas for project implementation which are: Mt. Province and Ifugao-CAR, Olongapo City-Region III, Masbate-Region V, Eastern Samar-Region VIII, Bohol and Cebu City-Region VII, Davao City-Region XI, Sultan Kudarat-Region XII, Lanao del Sur, Sulu, Maguindanao and Tawi-Tawi-ARMM, Las Piñas City, Parañaque City and Muntinlupa City-NCR.

7. The regional/division offices concerned are encouraged to participate in/coordinate with the ARH related activities of the Local Government Units (LGUs) and government agencies such as the Department of Health (DOH), National Youth Commission (NYC), Non-Government Agencies (NGAs), particularly the *Kaugmaon* Center for Children's Concerns Foundation, Foundation for Adolescent Development Inc. (FAD), Remedios AIDS Foundation, Christian Action for Relief and Employment (CARE) and Adolescents for Youth.

8. For more information, please contact Dr. Thelma G. Santos, Director III, HNC at tel. no.: (02) 636-3227 and telefax no.: (02) 637-5504

9. Wide dissemination of and compliance with this Memorandum is desired.


RAMON C. BACANI
Undersecretary

Encl.:
As stated

Reference:
None

Allotment: 1—(D.O. 50-97)

To be indicated in the Perpetual Index
under the following subjects:

BUREAUS & OFFICES
COMMITTEE
HEALTH EDUCATION
OFFICIALS
PROJECT

**A PROJECT OF AND BY THE DEPARTMENT OF EDUCATION:
“Institutionalizing Adolescent Reproductive Health Through Lifeskills- Based
Education”**

I. BACKGROUND/RATIONALE

The two international commitments – which the Philippines committed to comply – highlighted the importance of providing young people access to reproductive health services, information and education to develop their lifeskills that will help them develop responsible sexual behaviour and minimize risks and vulnerability to SRH related problems like violence against adolescents, HIV/AIDS infection, STIs, early and unwanted pregnancies, and abortion that endangers their life and future and produces harmful life long effects. These documents are:

(1) **International Conference on Population and Development (ICPD) Programme of Action of Action (POA)** that mandates 179 participating states, including the Government of the Philippines (GOP) *“to protect and promote the rights of adolescents to reproductive health education, information and care.”* It specifically mandates participating states to meet special needs of adolescents by establishing appropriate programs that include mechanisms for the education and counselling of adolescents in areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. (ICPD POA para 7.46-47); and

(2) the **United Nations General Assembly Special Session (UNGASS)** on HIV/AIDS where one of its commitments states that *“by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 years should have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection”*.

Even on limited scale, the GOP responded by cooperating with several local, bilateral and multilateral partners in order to help realize and protect rights of young people to right RH information, education and services.

A. Government Responses

From 1994- 1999 through the UNFPA 4th country programme, the Department of Education (DepEd) implemented and institutionalized the Population Education Program in the elementary and secondary levels that helped address the reproductive health information needs of adolescents in school. What started as a curriculum that reflected the population dynamics-quality of life interrelationships has now evolved into one that carries four core areas:

- Family life and responsible parenthood
- Gender and development
- Population and reproductive health
- Population, resources, environment and sustainable development

These core concepts have been integrated in the existing curricula and teaching and learning materials at all levels from kindergarten, elementary, secondary, college and teacher training, technical-vocational and non-formal education. The program has likewise produced training and instructional materials that come in a variety of formats and presentation (booklets, posters, flipcharts, wall charts, accordions, puzzles, picture cut-outs, video tapes, resource manuals, etc.)

Positive responses at the policy environment level was made in 2000 when the Department of Health (DOH) issued the Administrative Order No. 34-A entitled “*Adolescent and Youth Health Policy*” containing guidelines and procedures for implementing adolescent and youth friendly programs and services. It provides for accessibility and availability of health care programs and services to young people at all times and in locations where they are usually found such as in schools. Furthermore, the policy requires an inter-agency collaboration, including the participation of the Department of Education (DepEd), to holistically address the physical/biological and psychosocial concerns of young people.

In support to the policy initiative, “*A Practical Guide for Adolescent Health Care*” was developed in 2004 and disseminated by DOH to concerned partners at the local and national levels. The guide was an excellent contribution helping the supply side fulfill the Philippine’s commitment to the promise made at the International Conference on Population and Development in Cairo, Egypt in 1994. However, the collaboration between the DepEd and the DOH in terms of interconnecting the provision of RH education/information with appropriate services did not happen due to various reasons that need to be addressed first at policy environment level.

B. Need to Strengthen Response of the Education Sector

Despite the institutionalization of PopEd program in the DepEd and the issuance of AO-34, young people continue to experience future and life threatening conditions like the following (YAFFS 3 and 1998 DepEd Evaluation Report):

- There are twice as many female youth (71.7%) as males (35.7%) who reported having experienced reproductive health problems like vaginal discharge, painful urination, dysmenorrhea for young females and painful urination, penile discharge, genital warts/ulcers, reddish/swollen testicles for young males

- Increasing rates of early unprotected sex (18% in 1994, 23% in 2002)
- Increasing number without adequate knowledge about the means to avoid pregnancy and STDs; and
- Lack of improvement on basic knowledge on HIV/AIDS

This findings were supported by the result of the recent and only assessment done on the integration of HIV/AIDS prevention concepts in the curricula and in teaching-learning strategies which proved that instructional materials need to be reviewed and teachers trained further on the topic

The critical role of education in addressing these conditions and in developing capacities of young people to decide on positive life choices has been recognized. Several studies made in other countries proved that lifeskills-based education of young people helped improved their knowledge and minimized engagement into risky sexual behaviour specifically those related to early unprotected sex, early pregnancies, and STIs/HIV/AIDS.

The substantive aspects of the four core areas of PopEd mentioned above need expansion and strengthening to include emerging reproductive health concerns of young people and making the learning strategies lifeskills-based. In terms of the curriculum and the materials developed, some concepts need to be enhanced, focused and clarified in the different school levels. More specific and focused topics in reproductive health such as safe motherhood, fertility awareness, misconceptions and myths on family planning methods, RTIs/STIs/HIV/AIDS, parent-child counselling and adolescent reproductive health should be included and be made life skills-based.

In relation to responsible parenthood and family life, discussion of adolescent sexuality, life and career planning, decision-making and other relevant lifeskills and parent-child communications should be included. With regards gender equity and development, emphasis should be made on how empowerment of women and girls can contribute to improving reproductive health i.e., violence against children and other population-related concerns (UNFPA-DepEd 4th CP Terminal Evaluation Report, 1997). In all these materials, topics and teaching methodologies, extent of making education lifeskills-based is also a major concern.

Above recommendations are all within the DepEd's Education for All (EFA) Plan for 2015 that aims to reduce drop out rates, increase completion rates and improve quality of learning and the DepEd's recent policy to restructure its Basic Education Curriculum with an overall aim of "*empowering the Filipino learner to be capable of self-development, throughout one's life and to be patriotic, benevolent, ecologically aware and godly*". The EFA Plan 2015 and the policy of restructuring BEC require the acquisition of lifeskills among others.

In view of these, the DepEd recognizes the need to focus and strengthen its efforts in developing educational programs especially meant for adolescents where radical changes occur on reproductive health and which changes demand attention. It is therefore in this context that DepEd intends to integrate and strengthen RH-related concerns into its formal and alternative learning system through this project entitled “Institutionalizing Adolescent Reproductive Health Through Lifeskills-based Education”.

II. THE UNDAF AND UNFPA 6TH COUNTRY PROGRAMME

Based on abovementioned needs and findings of several studies the project hereby proposed is specially designed to help improve learning experiences of young people that aim to develop knowledge, attitudes, and psychosocial competencies (decision-making, critical thinking, etc) called life skills that will enable them to take positive actions to develop and maintain healthy behaviours, environments and quality of life. It will also address the teaching and learning methodologies and materials making them interactive that will focus on acquiring knowledge, attitudes and skills which support behaviours that will enable young people to take greater responsibility for their own lives by making healthy life choices, gaining greater resistance to negative pressures, and minimizing harmful behaviours. The end goal is to contribute to increasing cohort survival rate and improved access to reproductive health information and services.

This project has been formulated within the context of the 6th United Nations Population Fund (UNFPA) Country Programme of Assistance (CPA) to the Government of the Philippines for the period 2005-2009. Specifically, it falls within the 6th CP strategic intervention of promotion of adolescent reproductive health and prevention of HIV/AIDS. These are within the national priority areas identified in the UN Development Assistance Framework (UNDAF) – the UN Country Team’s integrated response to the development needs of the country. The country programme has three (3) component areas namely Reproductive Health (RH), Population and Development Strategies (PDS) and Gender. The DepEd project falls under component area of RH, adolescent reproductive health (ARH) being one of the ten elements of RH.

a. Project Sites

The project sites for this initiative will be the ten (10) poorest provinces selected under the 6th CPA namely Mountain Province, Ifugao, Masbate in Luzon, Eastern Samar, Bohol in the Visayas, and Sultan Kudarat and ARMM provinces (Maguindanao, Lanao del Sur, Tawi-tawi, and Sulu) in Mindanao. These 10 provinces were chosen on the basis of highest poverty incidence, literacy rate, maternal mortality, fertility rate and lowest contraceptive prevalence rate. For each province, the project will fully cover three (3) focus municipalities which were chosen based on the same indicators.

Table 1: Provincial and Municipal Project Sites

| Provinces | Municipalities |
|------------------|------------------------------------|
| Mt. Province | Paracelis, Sagada, Bontoc |
| Ifugao | Lagawe, Asipulo, Tinoc |
| Masbate | Dimasalang, Palanas, Placer |
| Eastern Samar | Maydolong, Sulat, Llorente |
| Bohol | Talibon, Ubay, Carmen |
| Sultan Kudarat | Lebak, Sen. Ninoy Aquino, Isulan |
| Sulu | Jolo, Parang, Luuk |
| Maguindanao | North Upi, Shariff Aguak, Ampatuan |
| Lanao del Sur | Kapatagan, Marantao, Bubong |
| Tawi-Tawi | Bungao, Mapun, Panglima Sugala |

In the key cities included – Metro Manila, Cebu, Davao and Olongapo - the project will be piloted in selected districts, primarily in places where the ARH NGO initiatives under the 6th CP are present with the intention to complement the initiatives being done by both NGA and NGO. These pilot sites represent nine (9) regions out of seventeen (17) regions of DepEd

These project sites will be divided into (1) pre-testing or pilot sites composed of Mt. Province, Bohol, Sultan Kudarat and Maguindanao and the city of Cebu each representing distinct religious and cultural context, and (2) implementation sites composed of Ifugao, Eastern Samar, Lanao Sur, Sulu and Tawi-Tawi and selected districts in the cities of Davao, Olongapo and Metro Manila

b. Project Stakeholders

Project stakeholders are divided into two (1) the duty bearers of the Department of Education headed by the Bureaus of Elementary, Secondary and Alternative Learning Systems and School Health and Nutrition Center under the Office of the Undersecretary for Programs and Projects at the central office as project holders. Other duty bearers are the field implementers like classroom teachers, learning facilitators, instructional managers, school health personnel, school guidance coordinators and counsellors, parents, school administrators, supervisors and other service providers in the DepEd within the 9 regions of DepEd and the 10 provinces and 30 municipalities of the 6th CP; and (2) claimholders defined as the young people in and out of schools within abovementioned provinces, municipalities and cities.

b.1 Duty Bearers in the Department of Education (DepEd)

b.1.1 Formal Education Sector

- Bureau of Elementary Education

The Bureau of Elementary Education was created under Batas Pambansa 232 in 1982. As a bureau it is tasked with the following core functions as stipulated in Section 2, Rule III of the IRR of the same act:

- (1) Conduct studies and formulate, develop, and evaluate programs and educational standards for elementary education;
- (2) Undertake studies necessary for the preparation of prototype curricular designs, instructional materials, and teacher training programs for elementary education;
- (3) formulate guidelines to improve elementary school physical plant and equipment, and general management of all elementary-level schools.

- Bureau of Secondary Education

The Bureau is responsible to continue the general education started at the elementary level and to prepare students for higher education or to the world of work. In pursuit of its major function - to provide basic education that is equitably accessible to all and to lay the foundation for lifelong learning and service to common good, the Bureau works on the following:

- (1) Conduct of studies and formulation, development and evaluation of programs and educational standards for secondary education;
- (2) Formulation of guidelines to improve the general management of secondary schools; and
- (3) Development of curricular designs, preparations of instructional materials and preparation and evaluation of programs in order to upgrade the quality of the teaching and non-teaching staff at the secondary level.

b.1.2 Alternative Learning System (formerly Non-Formal Education)

The Bureau of Alternative Learning System (BALS) is responsible for alternative learning programs parallel to formal schooling. Alternative learning system covers non-formal and informal sources of learning and is aimed at providing viable alternatives to the formal education system. Dubbed, “the other side of basic education,” alternative learning system promotes a flexible approach in reaching learners outside the school system and is designed for the learning needs of marginalized learners. As stipulated in Executive Order 356 signed on 14 September 2004, BALS performs the following functions:

- Address the learning needs of the marginalized groups;
- Coordinate with various agencies for skills development;
- Ensure the expansion of access to educational opportunities for citizens of different interests, capabilities, demographic characteristics and socio-economic origins and status; and
- Promote certification and accreditation of alternative learning programs.

The bureau develops appropriate curriculum and learning materials and undertakes other related activities for the basic literacy needs, functional education, critical lifeskills and values development of out-of-school children, youth and adults. Among the noteworthy projects of BALS are:

Family basic literacy: This is a learning program that mobilizes literate family members to help non-literate members upgrade their literacy skills thereby improving the educational opportunities for the family.

Basic literacy resource development and utilization: This program aims to sustain literacy gains through a mobile library circulated in areas where learners/beneficiaries are.

Adolescent-friendly literacy education: Designed for out-of-school adolescents between 10-19 years of age, this program provides basic literacy about early marriage, family planning, drug prevention education, livelihood projects, health education and environment and sustainable development.

b.1.3 School Health and Nutrition Center

The School Health and Nutrition Center (SHNC) which takes charge of the Integrated School Health and Nutrition Program (ISHNP) and is committed to improving the health and nutritional well-being of the “school populace” is an important instrumentality in the DepEd.

Health and nutrition education and services become venues for the development of positive values and behavior. The Center also undertakes curriculum enrichment to complement and supplement classroom instruction. Health networking involves mobilization of available DepEd resources both human and financial. School physicians, dentists, nurses and nutritionists work in collaboration with teachers and other school personnel in the implementation of health and nutrition programs. Presently, DepEd has 201 medical officers, 793 dentists, 3,254 nurses and 32 nutritionists. These translate to:

| Health Service Providers (HSPs) | Number | HSP: Pupil Ratio |
|---------------------------------|--------|------------------|
| Doctors | 201 | 1:85,000 |
| Dentists | 793 | 1:21,500 |
| Nurses | 3,254 | 1:5,838 |

The Center is also the implementor of the School-Based AIDS Education Project. This nationwide project is mandated by R.A. 8504 or the National AIDS Law. Its major components are: information, education and communication; co-curricular and ancillary services; teacher/staff development; and research, evaluation and monitoring. Its plan of action for the year 2004 included: development/printing of flip charts, posters, primers and comics on HIV/AIDS prevention; advocacy of HIV/AIDS prevention and R.A. 8504 by school health and nutrition personnel; conduct of work conferences and surveys on knowledge, attitudes and practices of secondary students on HIV/AIDS prevention; and monitoring, research and evaluation. The School-Based AIDS Education Project is an important avenue for the provision of likeskills, sexuality education and reproductive health information.

The School Nursing Program is another critical SHNC agenda. The program is oriented towards a comprehensive service for pupils, teachers and non-teaching personnel. The program components are: school visitation, school health survey, establishment of a functional clinic, health and nutrition assessment, classroom health lectures, referral of cases, treatment of emergency and minor ailments, organizing school community health councils, establishing data bank on school health activities, and coordination with other sectors on health related activities. School nurses therefore take on health advocacy, health and nutrition assessment, treatment of common ailments and emergency cases, referral, community outreach, among other functions.

These programs are critical in reaching marginalized youth who may not have access to information and services that they need

b.2 Claimholders

The target young people will be those who fall under WHO's definition of young people. However, due to early on-set of puberty, age nine (9) will be included. Thus, the project will involve participation of those in-school adolescents ages 9-19 and out of school young people from ages 9-24. The project will involve these groups regardless of sex/gender, sexual orientation, civil status, or sexual activity. Strategies, however, will vary in terms of their vulnerability such as those engaged in risky behaviour.

III. PROJECT GOALS, OUTCOME, OBJECTIVES AND OUTPUTS

This project will contribute to attainment of the overall goal of the 6th Country Programme of the United Nations Population Fund (UNFPA) that aims *to improve the reproductive health of the people of the Philippines through better population management and sustainable human development* through the following strategic interventions: reducing fertility, improving maternal health,

promoting adolescent reproductive health, and preventing HIV/AIDS and violence against women especially for poor and vulnerable populations.

Under the Reproductive Health component of UNFPA 6th CP, the DepEd will implement this project to contribute to the attainment of the 6th CP RH outcomes and outputs stated in UNFPA CPD (left column) and will be responsible to deliver translated project outputs (right column):

Table 2: UNFPA 6thCP Outcomes and Outputs vis-a-vs DepEd's Project Translated Outputs

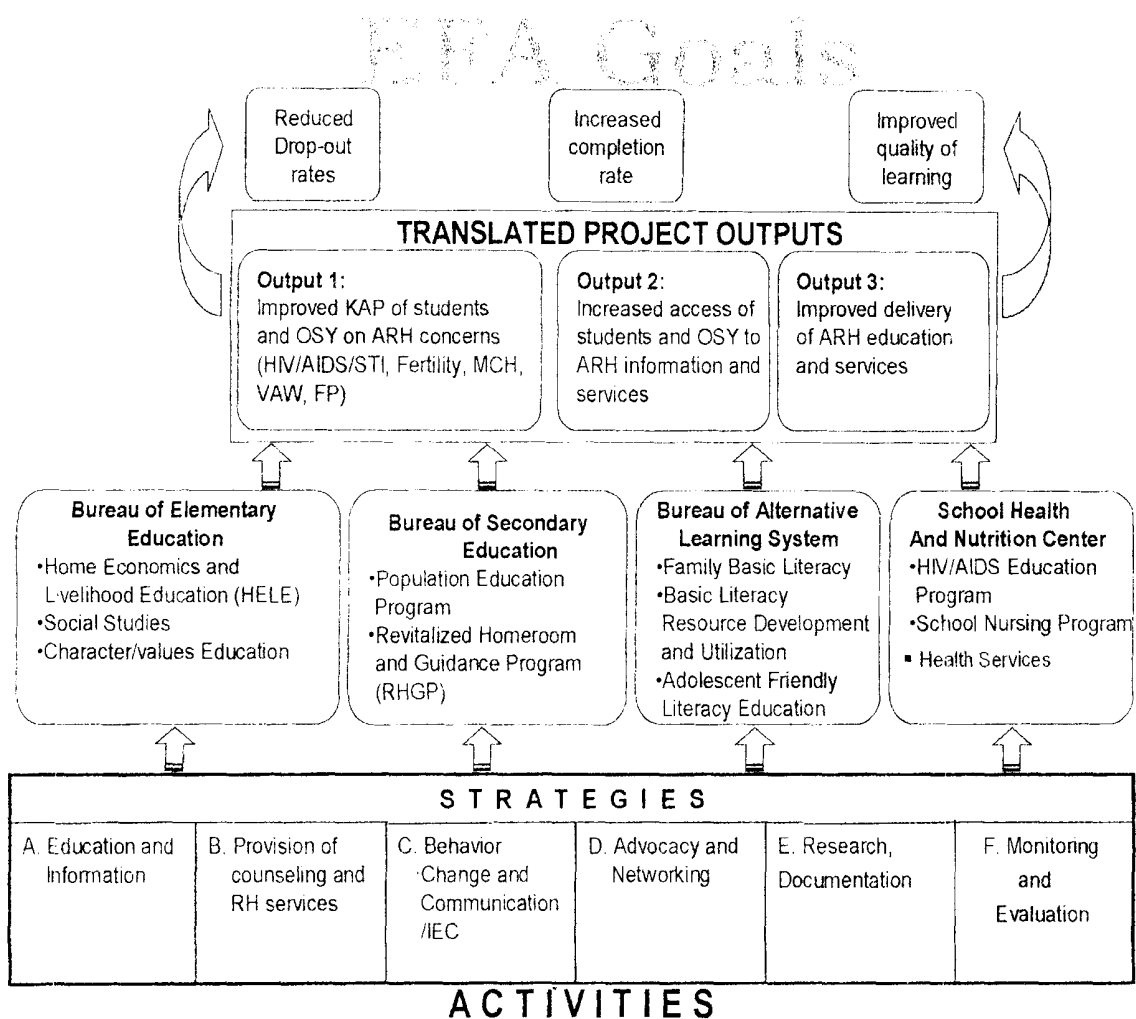
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|--|--|
| Country Programme Outcome 1 for RH: Increased demand for and utilization of comprehensive, high-quality reproductive health services | |
| CP Output 1: Empowered women, men and adolescents seek appropriate reproductive health information and services | DepEd Project Output 1: Improved knowledge, behaviours/attitudes and practices of students and OSY on ARH concerns (STI/HIV/AIDS, VAWC, Family planning and responsible parenthood, fertility) |
| Country Programme Outcome 2 for RH: Increased access to comprehensive, high-quality reproductive health services and information | |
| CP Output 2: Increased access to high-quality comprehensive, client-oriented and gender sensitive RH information and services | DepEd Project Output 2: Increased access of students and OSY to ARH information and services |
| CP Output 3: Improved management systems and practices for RH service delivery | DepEd Project Output 3: Improved delivery of ARH education and services |

In direct contribution to above country programme outcomes and outputs, the project aims to enhance the over-all wellness of the adolescent vis-a-vis his/her physical, mental, emotional, social and spiritual development and contributes to better learning outcomes through:

- (1) enhanced provision of quality adolescent reproductive health education designed to address the adolescent's interests, capability, needs, concerns and other reproductive health-related requirements;
- (2) provision of school and community-based reproductive health services to the adolescents;
- (3) promotion of program advocacy through a variety of social mobilization efforts and strategies among different stakeholders, duty bearers, claimholders and general public;

- (4) installation of a systematic planning, implementation, research and documentation, monitoring and evaluation scheme for a sustainable reproductive health program for adolescents; and
- (5) building of models for ARH programs in schools and communities

Figure 1: STRATEGIC FRAMEWORK



IV. PROJECT STRATEGIES AND ACTIVITIES

STRATEGY A: EDUCATION AND INFORMATION (Curriculum and Documents Review and Capability Building)

Through this strategy, the project will deliver reproductive health messages through the formal and alternative learning systems as well as on-line to the duty bearers such as teachers, facilitators and other service providers and to claimholders. Thus, the strategy is subdivided into three (3) major educational areas of concerns such as: a) curriculum validation and instructional and training materials development; b) training/capability building of duty bearers (in-service trainers and classroom teachers, counsellors, facilitators, nurses, etc); and c) staff development

A.1 Curriculum Validation and Instructional and Training Materials Review and Development

A major concern of this area is the validation of existing BEC and ALS curricula from a lifeskills perspective to reflect, integrate, and strengthen age-appropriate reproductive health messages on:

- Violence against women and children
- STI-HIV-AIDS
- Maternal and Child Health
- Responsible Parenthood and Family Planning

In support of the validated curricula, there is a need to review existing materials and develop a variety of teaching-learning materials, both print and non-print (video/audio tapes) as well as electronic materials that will be used by project clients (e.g. students/pupils/learners) and field implementers (e.g. teachers/facilitators, health personnel, counsellors, parents and other service providers) for instruction purposes. These materials include modules, manuals, worksheets, audio-visual aids, and other supplementary instructional materials. Validated curricula that have integrated lifeskills-based messages and newly developed and enhanced teaching-learning materials will be pre-tested or pilot-tested in one province each from Luzon, Visayas, Mindanao and ARMM with cultural and religious context as major considerations in pre-testing process.

Another type of materials that shall be developed is the set of training materials needed for the in-service training programs of different duty bearers. Generally, there will be 2 types of training materials required: materials for trainers and materials for the trainees. Segmented and age-appropriate ARH messages will be developed to serve as input in the review and development of teaching-learning materials and in HNC manuals. The peer education manual will be finalized with DOH and other partners for use of in- and out-of-school young people.

A.2 Training of duty bearers (teachers, facilitators, health personnel, counsellors and other service providers)

The educational and information strategy requires a viable training scheme for the different duty bearers and/or field implementers. Consequently, there shall be at least 2 types of training programs; (1) trainers training for in-service trainers from the national and regional DepEd offices; and (2) regular training for provincial, municipal and selected city duty bearers or field implementers. Training programs shall regularly be conducted for various purposes and may take the form of orientation-seminars, skills enhancement and values development. Training programs shall also be conducted at various hierarchical levels.

A.3 Staff Development

Likewise the Project staff as well as the staff of the Bureaus/Centers/Regional Offices/Divisions Offices involved in this project will require a staff development program in the areas of Lifeskills-based Education, Reproductive Health Education, Adolescent RH Education and other related areas through scholarships, short term courses and study visits in foreign institutions known for such excellent programs.

STRATEGY B: PROVISION OF COUNSELLING AND ADOLESCENT REPRODUCTIVE HEALTH SERVICES IN SCHOOLS AND COMMUNITIES

This strategy will link the in-school adolescents and out-of-school young people to reproductive health services in school and community clinics, including counselling and to right RH information. The DepEd and DOH will collaborate to ensure access of young people to ARH services either in school clinics or RHUs in the communities.

- Through this component, the project will provide reproductive health services in schools to address the physical, mental, social, emotional and spiritual demands of the adolescents and youth. Specifically, the services referred to are the counselling/intervention services and the health and nutrition services mainly designed for preventive and curative purposes whenever ARH-related cases are present in schools. For both types of health services, however, a referral system is also envisioned to take care of the more serious reproductive health concerns of the adolescents such as STI, violence against adolescents, etc. Such services shall be provided by school-based personnel, civic organizations, government and non-government organizations, school affiliated groups and NGOs. The project will maximize assistance of guidance coordinators/teachers, facilitators, students as peer service providers, parents, school nurses and physicians, school administrators, as well as government partners, NGOs and business and commercial sector partners.

B.1 Intervention/Counselling Services

This project requires a strong intervention services also known as counselling and guidance services to address the adolescent's psycho-social-emotional concerns. These services shall include a) testing and diagnosis; b) counselling on career, personality and relationship matters and other adolescent concerns; c) placement in appropriate educational programs; d) referrals to appropriate care-giving agencies; and e) individual profile. Intervention services shall be delivered through the homeroom guidance program of the school in the case of high schools where the Revitalized Homeroom Guidance Program (RHGP) has been installed as well as through the regular school guidance program of the elementary and secondary levels which are managed by the school guidance counsellors. Likewise, counselling services may also be provided through the learning groups of the OSY. Furthermore, counselling services may be extended to adolescent peer groups upon provision of adequate training.

B.2 Health and Nutrition Services

The Health and Nutrition Services of the school are provided in order to address the physical needs of the adolescents. These services are delivered through the school health personnel namely the school physician, nurses, dentist and dietician in the existing clinics. These services include among others, diet counselling, physical examinations, consultations, referrals and treatment which are focused on prevention of violence against women and children, STI-HIV-AIDS, promotion of maternal and child health, and family planning and responsible parenthood. Wherever appropriate, services delivered under the school clinics will be made in congruence with the *DOH Clinical Guide on Adolescent Health Care*. This will necessitate the training of school health service providers on using the guide and the improvement of school clinics as RH service hubs.

To support the service delivery and health promotion strategy, school clinics will be upgraded into an adolescent-friendly center they will call "RH Hub" using the standards stipulated in DepEd's school health manual and in the DOH AO-34A describing standard equipment and material requirements for a one-stop-shop adolescent-friendly "teen center". Based on standards set, facility needs assessment will be conducted to identify required equipments. The central school clinic in each of the 30 municipalities will be re-furbished into an RH Hubs and this shall be done on a priority basis where those who have less resources but with high incidences of ARH problems will be given priority.

B.3 Reproductive Health Services for the Out-School-Adolescents

The reproductive health services for the out-of-school adolescents shall be provided at the community learning centers or in community health centers by partner agencies through a referral system. The partner agencies shall constitute the reproductive health support service teams. The services will include Family Planning and responsible parenthood, Maternal and Child Health, violence against women and children (VAWC), male reproductive health, STI/HIV AIDS prevention.

The same (DOH AO-34-A) will be followed in improving community learning centers (CLCs) that will provide ARH information and counselling services to out of school youth in the communities. The same procedure of re-furbishing school clinics shall be applied to CLCs.

STRATEGY C: BEHAVIOUR CHANGE COMMUNICATION (BCC) and IEC

This strategy is tasked with the dissemination of the project messages on two levels: (1) to claimholders to give young people greater insight into their personal situations through the co-Curricular activities in schools and community learning centers (CLCs); and (2) to the public in general

C.1 BCC and IEC for young people

The BCC strategy shall be used to communicate to claimholders the right RH information with the end intention of promoting behaviour change. It will specifically use the youth-to-youth approach through sustained peer education and role modelling through the co-curricular and other related supplementary/complementary learning activities specifically designed to enhance the teaching-learning experiences in the classroom. The scouting program, existing interest clubs in the schools, school sports program and other information/communication (symposium/contest/campaigns) activities will be maximized to become venues of exchange of ARH information, peer education and role modelling. Provision of these activities shall be the function of administrators, school health personnel and counsellors and other service providers.

This strategy will instill motivation and skills needed to adopt and maintain behaviours and practices that are likely to improve their condition in society and quality of life. It is a support strategy to proactively adopt gender-sensitive attitudes and practices, make informed and educated choices, and change their personal behaviour and practices accordingly. This will include Training of trainers on Peer Education and counselling with integrated lifeskills approach on ARH concerns like HIV/AIDS/STI, VAWC, peer training, etc. A continuing TOT of peer educators and peer education and counselling sessions in schools will be made sustainable in all schools by including this initiative as part of the regular school activities

To enhance the learning of OSY, youth organizations and clubs in the community may be tapped to provide the supplementary and complementary learning activities.

C.2 IEC

Stronger support systems within and outside of schools are required so young people can deal confidently with evolving ARH knowledge needs and risk situations confronting them, thus IEC through dissemination of project messages to general public will be done. This will include such activities as 1) materials production where materials refer to both print and non-print types; 2) TV and radio broadcasts for distance

learning or for promotional purposes; 3) publications for students/learners, professionals and other program stakeholders; and (4) assemblies, fora, symposia, etc.

STRATEGY D: ADVOCACY AND NETWORKING

This strategy will primarily mobilize the creation of supportive and enabling environment for ARH education needs leading to introduction of adolescent reproductive health friendly school policies. Its major task is harnessing interest groups and other stakeholders for the promotion and support of the project concern, e.g., adolescent health, in general and the various aspects of adolescent reproductive health, in particular. As such, it is divided into sub-strategies in advocacy and networking.

D.1 Advocacy

ARH related data generated from the school clinics and CLCs will be used to pass adolescent-friendly school policies. Many of the advocacy activities will take the form of co-curricular activities and policy dialogues with influentials in the schools and communities to ensure safe and supportive institutional environment, and also to enforce zero tolerance to sexual harassment by educators, or learners, and ensure safety of schools and community boarding. Young people trained as peer educators will be also trained and organized as youth advocates. Parent-teacher assemblies will also be mobilized in support to the activities of adolescent and youth advocates.

D.2 Networking

This sub-strategy is charged with the responsibility of establishing and/or maintaining project linkages with GOs, NGOs, other sectoral groupings both local and international in order to operationalize a school-health referral system. This involves undertaking activities such as consultation, conferences, campaigns, dialogues, and others to ensure unified efforts among project stakeholders and duty bearers. It is also necessary that communities are organized to support the ARH project and individuals are tapped for program services. It is envisioned that a directory of project partners will be activated for better project coordination and collaboration.

STRATEGY E: RESEARCH AND DOCUMENTATION

This strategy will address the project requirements for model building, standard setting, program and policy review and formulation as well as project sustainability in schools and community settings through a research agenda. The function of this strategy will permeate the concerns of other project strategies earlier discussed. This will include generation of databases, baseline information on the profile of learners, their knowledge, attitude and practices pertaining to RH and endline survey. These researches will be done primarily to support advocacy work in the school system and in tracking changes in the nature of ARH problems as they affect the cohort survival rate and the possible return to

school of out of school young people. These data will be generated in the school clinics and CLCs in the communities by installing an appropriate data management system.

Major activities will include the following:

1. Conduct of profiling of learners, baseline and endline KAP survey
2. TNA for in-service trainors and field duty bearers (classroom teachers, guidance counsellors, nurses, etc)
3. Institutionalizing a regular school survey on the knowledge, activities and practices of students relative to the ARH concerns.
4. Installation of appropriate database management systems and technology in schools/school clinics/CLCs and provision of appropriate capacity building to staff to manage the database.
5. Documentation of good practices for replication and institutionalization

F. MONITORING AND EVALUATION

This strategy will provide for the review, validation and development of a comprehensive monitoring and evaluation scheme and instruments to incorporate measurement of lifeskills/learning competencies of claimholders, teaching competencies of teachers/facilitators, nurses, service providers, other key duty bearers, and the management skills of project management team at project midpoint and at the end of project phase. Revised/enhanced or newly developed evaluation tools will be used to monitor process of implementation and assess pre-testing results of validated curricula and revised/enhanced teaching learning materials.

Development of input/process and output indicators that will measure annual and terminal project results will be done in consultation with duty bearers from the regional and local levels. Eventually, these indicators will be integrated in the DepEd evaluation tools mentioned above. Gender-responsiveness, rights- and lifeskills-based indicators shall be made integral in the sets of indicators to be developed.

Process monitoring will be conducted every mid-quarter and end-of-quarter by DepEd national technical people with their regional counterpart, UNFPA and AusAID. Quarterly assessment of the project through a quarterly progress and financial report format will be required for submission. Results monitoring will be done annually through the annual assessment and reporting following formats required by UNFPA.

End of project evaluation will be done on the last year of the project using revised UNFPA M and E tools.

V. PROJECT SUSTAINABILITY

Underlying the goal and objectives of this project is the overall concern for institutionalization and sustainability of inputs and outcomes. It should be noted however that the ARH project is not starting from zero but rather will be building on existing programs and structures. More specifically, the project will only be introducing a new approach (lifeskills) in delivering enhanced messages on RH to in-school and out-of-school adolescents. The present curricula and educational practices (formal and ALS) in fact contain RH concepts and messages which are being taught in all levels including tech-voc (post-secondary) and tertiary and which are also integrated in textbooks and other learning materials. This was the contribution of the UNFPA 4th CP of assistance to the DepEd Program where RH was a major program message.

Therefore, to build on the gains of the past, and as an institutional policy, the DepEd, will ensure project sustainability through the following strategies:

- Enhancing RH messages in existing curricula and learning materials both formal & ALS making them rights-based and gender sensitive
- Enhancing teaching methodologies in implementing curricula making them lifeskills-based
- Incorporating additional lifeskills-oriented test items on RH in national testing programs of formal & ALS
- Modifying monitoring & evaluation practices to measure lifeskills as an educational outcome in the teaching-learning process
- Integrating the lifeskills and ARH perspective in the in-service training programs of DepEd
- Delivering ARH services to in-school and out-of-school adolescents through the different learning environments
- Developing RH Hubs in schools

It is therefore envisioned that at the end of the project cycle, based on evaluation results, the above inputs will be adapted in the other DepEd programs.

VI. IMPLEMENTATION ARRANGEMENT

A. Project Implementation

The project will be divided into three major phases of implementation namely, Consultation and Pre-testing Phase, Full Implementation Phase and Evaluation Phase.

PHASE 1 - Year 1 and 2 (Consultation and Pre-testing Phase)

During this period, the project will initially cover 4 pre-testing sites representing various cultural context. For ARMM, Maguindanao will be the pre-testing site. Activities per strategy under this stage will include the following:

Strategy A: Education and Information (Curriculum and Documents review and capability building)

1. Training Needs Assessment (TNA) of national technical people/trainors/duty bearers and provincial and municipal duty bearers (ALL SITES)
2. Review, revision, and validation/consultation on revision and improvement of formal and ALS education curricula
3. Review of existing teaching-learning materials and HNC materials and manual
4. Development of segmented and age-appropriate ARH messages
5. Development of appropriate teaching-learning materials (print, video and electronic)
6. Development of Trainors Training design on ARH and revised curricula and teaching-learning materials for national duty bearers
7. Development of materials for in-service training of provincial, municipal and city duty bearers
8. Finalization of Peer education manual for use of young people
9. Conduct of Trainors' Training on ARH, revised curricula and teaching-learning materials for national duty bearers
10. Training and orientation of 4 provincial, municipal and city duty bearers on validated curricula and newly development teaching-learning materials (3 Batches)
11. Training orientation of duty bearers from selected district in Cebu
12. Pre-testing of validated curricula and newly developed and enhanced teaching-learning materials in selected provinces
13. Revision of pre-tested teaching learning materials and curricula based on feedback of teachers, ALS facilitators, nurses and guidance counsellors
14. Printing/reproduction of revised curricula and teaching-learning materials
15. Trainors Training of selected school nurses on ARH Clinical Practice Guide
16. Training cascade for school health nurses and other school health service providers on ARH Clinical Practice Guide (Batch 1: Pilot/pre-testing sites)
17. Observation Study Tour of DepEd staff in countries with successful integration of ARH and lifeskills in curricula, teaching-learning materials and M and E system

Strategy B: Provision of counselling and adolescent reproductive health services in schools and communities

18. Facility Needs Assessment (FNA) of 30 central school clinics and CLCs for RH Hubs and School-based MIS (ALL SITES)

19. Re-furbishing of RH Hubs/school-based Teen Centers and Community Learning Centers (identified pilot sites)
20. Establishment of working referral system between schools and communities
21. Regular peer counselling sessions in the school clinics

Strategy C: Behaviour Change Communication (BCC) and IEC

22. Trainors' training on Peer education (total of 3 batches)
23. Continuing peer education sessions
24. Radio and TV Broadcasts for distance learning and promotional purposes
25. ARH assemblies and fora in school and communities
26. Scouting, quiz shows, youth camps, interest clubs, etc

Strategy D: Advocacy and networking

27. Promulgation of ARH Week Celebration in schools
28. Celebration of ARH week in schools
29. Policy dialogues and Meetings with school administrators, parents, other duty bearers in the national, regional, provincial and municipal levels
30. Launching of the project and Project Orientation of national and regional DepEd offices

Strategy E: Research and documentation

31. Profiling of learners and teachers (baseline data on KA/BPS on RH/ARH and lifeskills concerns) ALL SITES
32. Documentation of good practices

Strategy F: Monitoring and evaluation

33. Monitoring pre-testing process and Assessment of pre-testing results
34. Quarterly and yearly assessment, work planning and budgeting
35. Regular monitoring visits

PHASE 2 – Year 3 and 4 (Implementation Phase)

The full implementation stage will cover the six (6) other provinces and 3 municipalities in each province, cities of Davao, Olongapo and Metro Manila while other activities will be continuing in pre-testing sites. Activities per strategy under this will include the following:

Strategy A: Education and Information (Curriculum and Documents review and capability building)

1. Revision and re-printing of teaching-learning materials based on results of pilot/pre-testing

2. Training cascade of ARH Clinical Practice Guide to school health service providers (Batch 2)
3. Training of BEE duty bearers from 6 provinces, 18 municipalities and 3 cities (Batches 1-3)
4. Training of BSE duty bearers from 6 provinces, 18 municipalities and 3 cities (Batches 1-3)
5. Training of BALS duty bearers from 6 provinces, 18 municipalities and 3 cities (Batches 1-3)
6. Implementation of revised curricula and utilization of revised/newly developed teaching-learning materials

Strategy B: Provision of counselling and adolescent reproductive health services in schools and communities

7. Establishment of working referral system between schools and communities
8. Regular peer counselling sessions in school clinics
9. Re-furbishing of RH Hubs/school-based Teen Centers and Community Learning Centers (identified sites in 7 provinces)

Strategy C: Behaviour Change Communication (BCC) and IEC

10. Trainers' training on Peer education (total of 4 batches)
11. Continuing peer education sessions
12. Radio and TV Broadcasts for distance learning and promotional purposes
13. ARH assemblies and fora in school and communities
14. Scouting, quiz shows, youth camps, interest clubs, etc
15. Publication for students/learners and professionals
16. Youth advocacy training

Strategy D: Advocacy and networking

17. Celebration of ARH week in schools and other population-related celebrations
18. Policy dialogues and Meetings with school administrators, parents, other duty bearers in the national, regional, provincial and municipal levels
19. Development of a directory of project partners in the region, provinces and municipalities and cities

Strategy E: Research and documentation

20. Documentation of good practices
21. Establishment of appropriate school-community data MIS
22. Installation of appropriate database management system and technology
23. Training of school personnel on database management

Strategy F: Monitoring and evaluation

24. Development of gender-sensitive, lifeskills and rights-based monitoring indicators

25. Review of M and E system of the 3 Bureaus and SHNC to integrate indicators developed above; enhancement and development of appropriate evaluation tools for teachers' performance and testing tools for students
26. Observation assessment and evaluation of teaching learning sessions and assessment of results to students
27. Quarterly and yearly assessment, work planning and budgeting
28. Regular monitoring visits to schools, districts and divisions

PHASE 3 – Year 5 (Evaluation Phase)

1. Final evaluation of the project and conduct of endline survey
2. Documentation of good practices
3. UNDAF Assessment and Evaluation

B. Institutional Implementation Arrangement

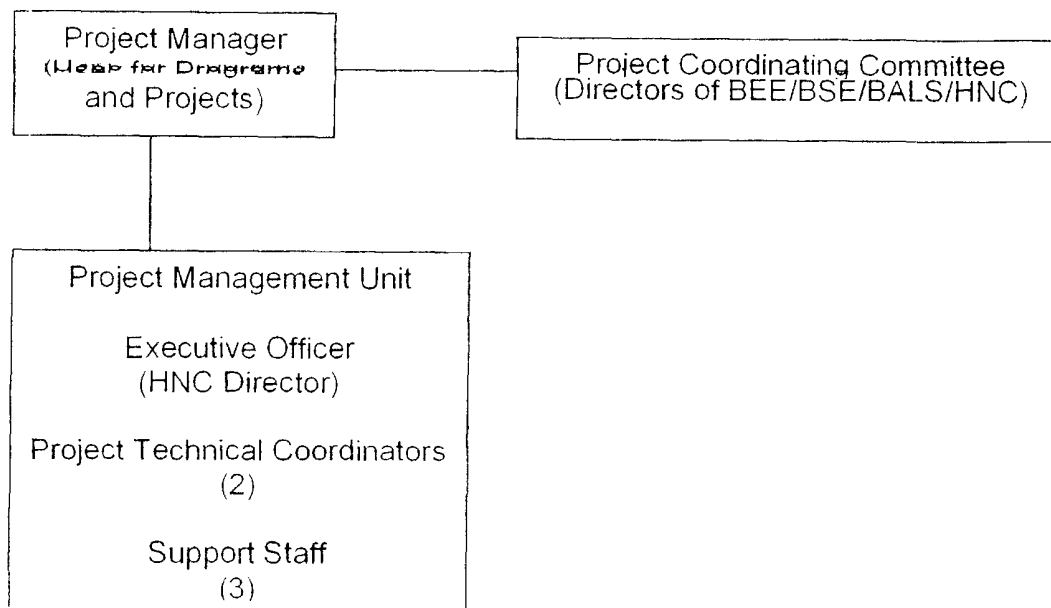
Under the 6th CPA, the Department of Education (DepEd) will perform a dual role of an implementing and coordinating partner.

b.1 DepEd as Implementing Partner

As an implementing partner, the DepEd central office will undertake national-based and local-based proposed strategies and activities. National based activities such as review and validation of curricula and teaching-learning materials will be done with selected regional participants. Pre-testing and actual conduct of training will be done by national DepEd technical people with provincial and municipal DepEd officials and duty bearers as participants.

In year 2 of the project, pre-testing of validated curricula and newly developed materials in ARMM will be done in the province of Maguindanao in coordination with DepEd ARMM. Subsequent implementation, after pre-testing and revisions (should there be any) will be done in year 3 to 5 in the provinces of Lanao Sur, Sulu and Tawi-Tawi. For this purpose, the DepEd proposes the following institutional set-up for the project:

Figure 2: Proposed Project Management Structure



The Undersecretary for Programs and Projects will be the **Project Manager** who will have the over-all responsibility of coordinating project activities at levels of the DepEd. She will be assisted by a **Project Coordinating Committee** composed of the 4 Directors of Bureau of Elementary Education (BEE), Bureau of Secondary Education (BSE), Health and Nutrition Center (SHNC), and Bureau of Alternative Learning System (BALS). The **Project Management Unit** will be headed by the **Executive Officer** who will be the Director of HNC and who will be in-charge of the day to day operations of the project.

Five (5) project-paid staff will be hired and directly funded by UNFPA to ensure that the AWP is being implemented, followed accordingly, monitored and evaluated regularly. Under the overall supervision of the EO, the two (2) **Project Technical Coordinators** will coordinate program, technical, financial and administrative requirements for the elementary, secondary, health and nutrition, and alternative learning system programs of the Department and other country-based ARH programs of the component partners. The three (3) support staff shall render secretarial and administrative support to the Project Executive Officer and Project Technical Coordinators.

b.2 DepEd as Government Coordinating Partner

As a coordinating partner, the DepEd, in relation to a government coordinating authority (GCA), which is the National Economic and Development Authority (NEDA), will assume a coordinating function in-charge of other 6th CPA partners contributing to ARH subcomponent which will be separated from the big RH component.

The DepEd as ARH programme component manager (PCM) shall be responsible for coordinating the annual work plans of several implementing partners working towards the realization of the outputs specific to ARH.

Specifically, the coordinating function of DepEd will include:

- (1) Preparing the annual component progress report (ACPR);
- (2) Organizing component level meetings with implementing partners in the context of the UNDAF annual review;
- (3) Facilitate information-sharing of lessons learned and effective practices among implementing partners; and
- (4) Discuss and address, to the extent possible, any constraints encountered in the implementation of the AWP's under the component

C. Project Fund Management

In accordance with the approved Work and Financial Plan for each year from 2005-2009, the UNFPA will provide the necessary funding requirements to enable the project to implement its planned activities and ensure that project funds will be utilized in all the identified project priority provinces and cities including those in ARMM. The DepEd, through its Project Management Unit will assume responsibility in the overall supervision and management of project funds and will be accountable to the UNFPA for all funds received for the project. As a requirement, the DepEd-PMU shall open and maintain a separate bank account for this purpose and must ensure that in no way shall there be co-mingling of project funds with funds from any other sources. The DepEd-PMU shall likewise manage the project funds following the guidelines and financial reporting set forth by the UNFPA.

VII. PROPOSED PROJECT BUDGET (Please refer to attached detailed budget)

Under the proposed budget, the DepEd will have as its counterpart the provision of office space within the office of the Bureau of Alternative Learning System (BALS). Venues for consultative meetings within the Department and with partner GOs and NGOs will also be provided. Full commitment of the DepEd through its Undersecretary for Programs and Projects and four concerned Directors in the Department is ensured. At least (2) full-time staff from each bureau in the national office is assigned to give full responsibility to handle the technical needs of the project.

UNFPA shall provide for the cost of end evaluation of the project and technical assistance through its Programme Officer for Adolescent Reproductive Health and technical backstopping from the Country Support Team (CST) in Bangkok.