



2024-10-21-0906



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DE ORO

Office of the Schools Division
Superintendent

October 14, 2024

DIVISION MEMORANDUM
No. 918, s. 2024

**REGIONAL GUIDELINES IN THE ASSESSMENT AND CERTIFICATION OF
ADOLESCENT-FRIENDLY FACILITIES IN DAVAO REGION**

To: All Public Schools District Supervisors/District Heads
All School Heads
Adolescent Reproductive Health Focal Persons
All other concerned

1. Attached is Regional Memorandum ESSD-2024-401 dated **September 20, 2024** informing about the Regional Guidelines in the Assessment and Certification of Adolescent-Friendly Facilities in Davao Region which includes the school-based teen centers.
2. In line with this, schools are encouraged to establish/reactivate their learner support centers (LSC's/adolescent-friendly facilities (AFF's) to provide adolescent-friendly services. Enclosed is a copy of DOH-DCHD Order No. 2024-0003.
3. Other details of this memorandum are contained in the enclosure.
6. Immediate dissemination of this Memorandum is desired.

PHOEBE GAY L. REFAMONTE, CESO VI
OIC- Schools Division Superintendent

By the Authority of
OIC-Schools Division Superintendent:

EMMA A. CAMPOREDONDO, CESO VI
Assistant Schools Division Superintendent



Address: Capitol Complex, Brgy. Cabidanan, Nabunturan, Davao de Oro
Contact No. 0951-387-1728 (TNT); 0915-399-7779 (Globe)
Email Address: davaodeoro@deped.gov.ph
Website: www.depeddavaodeoro.ph

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| Effectivity | 09.12.22 | Page | 1 of 1 |

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Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

REGIONAL MEMORANDUM
ESSD-2024-401

To : Schools Division Superintendents

Subject: REGIONAL GUIDELINES IN THE ASSESSMENT AND CERTIFICATION
OF ADOLESCENT-FRIENDLY FACILITIES IN DAVAO REGION

Date : September 20, 2024

Due to the increasing risky behaviors and numerous concerns of adolescents that need to be addressed at all levels and to highlight the role of the various settings in providing adolescent-friendly services, the Department of Health – Davao Center for Health Development (DOH-DCHD) in coordination with the Commission on Population and Development XI and Department of Education Regional Office XI through the Education Support Services Division, formulated the Regional Guidelines in the Assessment and Certification of Adolescent-Friendly Facilities in Davao Region which includes school-based teen centers.

Further, schools are encouraged to establish/reactivate their learner support centers (LSCs)/adolescent-friendly facilities (AFFs) to provide adolescent-friendly services. Enclosed is a copy of DOH-DCHD Order No. 2024-0003, contents of which are self-explanatory.

Immediate and wide dissemination of this Memorandum is desired.

ALLAN G. FARNAZO
Director IV

Enclosed: As stated

DEPARTMENT OF EDUCATION
RECORDS SECTION
RELEASED

ROE/smtc

By: [Signature]
Time: Sept. 26, 2024
38581



Republic of the Philippines
Department of Health

DAVAO CENTER FOR HEALTH DEVELOPMENT



January 11, 2024

DCHD ORDER
NO. 2024 - 0003

SUBJECT: REGIONAL GUIDELINES IN THE ASSESSMENT AND CERTIFICATION OF ADOLESCENT-FRIENDLY FACILITIES IN DAVAO REGION

I. Background and Rationale

Adolescents, like all people from all age groups, should be given every opportunity to realize their rights to attain the highest standards of health and well-being, so that they will contribute to greater social and economic development.

As health service providers, it is imperative that we ensure that all adolescents live healthy lives with access to proper health care and education and have a better foundation to grow to their full potential as adults.

However, adolescents are exposed to various dangers due to their mobility and risk-taking behaviors. In recent years, issues such as early pregnancy, STIs including HIV and AIDS, substance use disorder, violence and mental illness threatened to derail the vision of adolescents becoming healthy and productive citizens in the region. Many adolescent disease and injury burdens are preventable or treatable, but are often neglected.

The Department of Health – Adolescent Health and Development Program recognizes the role of different partner agencies and organizations/ institutions in ensuring that adolescents and youth have access to comprehensive services in an adolescent-friendly environment. The DOH Administrative Order no. 2013- 0013 series 2013, laid down the Adolescent Health and Development Program strategies to include: *“Improving access to quality and adolescent-friendly health care services and information for adolescent, including access to quality hospital and healthcare facilities following the National Standards and Implementation Guide for the Adolescent-friendly Health Services and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health”*.

Due to the increasing risky behaviors and numerous concerns of adolescents that needs to be addressed at all levels; and to highlight the role of the various settings in providing adolescent-friendly services, the DOH- DCHD Adolescent Health and Development Program in coordination with different National Government Agencies such as the Department of Education and Commission on Population and Development, formulated this regional guidelines to provide policy direction and sustainability in the assessment and certification of Teen Centers as Adolescent-friendly Facilities.



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II. Objectives and scope

This aims to provide guidelines in the assessment and certification of Adolescent-friendly Facilities in all settings within Davao Region.

Specifically, this is to:

1. Ensure that all teen center facilities in the region are certified as Adolescent-friendly Facilities;
2. Encourage health facilities to work towards compliance to "adolescent-friendly health facility" certification requirements as defined by the National Standards for the provision of Adolescent Friendly Health Services;
3. Establish functional adolescent-friendly facilities in other settings such as schools and communities/barangays in reference to the National Standards for the provision of Adolescent-friendly Health Facilities.
4. Serve as reference for the provision of incentives; and
5. Create model facilities as learning sites in the provision of adolescent-friendly services as a way for other LGUs and partners to learn from.

III. General Guidelines

1. Assessment and certification of health facilities (hospitals, RHUs, and BHS) shall be in accordance to Department Memorandum no. 2017- 0098 utilizing the Monitoring Checklist for Level I, II and III AFHF's.
2. The DOH DCHD- Adolescent Health and Development Program in coordination with Department of Education XI and Commission on Population XI and other partners, shall utilize the monitoring and assessment tool for other adolescent-friendly facilities/ settings such as school-based and community-based teen centers (other facilities not in the school and/or healthcare facilities) in reference to the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services (see annex B).
3. Assessment and Certification Core teams shall be organized at the regional and provincial level, which shall be composed of the Regional AHDP Coordinator, ARH Focal Persons from DepEd XI and Commission on Population XI, selected Regional Program Managers from different health program components of AHDP, and other identified partners.
4. The Provincial Assessment and Certification Core Team shall be composed of the following, but not limited to:
 - a. PDOHO/ DMOs assigned per LGU
 - b. Provincial AHDP Coordinator
 - c. Provincial Health Education and Promotion Officers
 - d. Population Officers - Adolescent Reproductive Health Focal Persons
 - e. ARH Coordinator of the different Schools Division Offices; and
 - f. Other identified partners at the province level

Certification of ALL facilities shall be in accordance to the following process:



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4.1 Level I Certification:

- a. Submission of letter of intent and Self-assessment for Level I certification to Provincial AHDP Coordinator / PHO.
- b. Schedule of visit for initial and/or final assessment and certification by the Provincial Core Team.
- c. Issuance of Certificate for Level I - AFHF by the Provincial Health Office, in concurrence with other members of the core team.

4.2 Level II Certification:

- a. Submission of letter of intent, attached copy of the Level I Certificate, issued by the PHO and self-assessment for Level II to the DOH DCHD – AHDP Coordinator, to be endorsed by the Provincial Core Team/ PHO.
- b. Assessment of documents / requirements, as appropriate.
- c. Schedule of visit / final physical assessment by the Regional Core Team.
- d. Issuance of Certificate for Level II – AFHF by the DOH DCHD, in concurrence with other members of the core team.

4.3 Level III Certification:

- a. Level III Certification for Health Facilities (Hospitals, RHUs, BHS) shall follow the previous guidelines set, unless otherwise revised by the DOH – Central Office
 - 4.3.1 Submission of requirements for Level III certification to National AHDP Coordinator thru regional office
 - 4.3.2 Assessment of documents / requirements, as appropriate.
 - 4.3.3 Conduct of final assessment and issuance of certification by the DOH – Central Office.
 - b. Level III Certification for both School-based and Community-based AFHFs is currently not applicable and is subject for issuance of guidelines from the national office
6. All certified Adolescent-friendly facilities are subject to regular monitoring of functionality by the regional and provincial core teams and will undergo re-certification every 2 years.

IV. Monitoring and Assessment Tools

The monitoring and assessment tools to be utilized shall be in accordance to the following:

- a. For Health Facilities (hospitals, RHUs, BHS) – AO 2017-0098 "Adolescent-friendly Health Facility Evaluation Tool" (see Annex A)
- b. For School-based Facilities – see Annex B
- c. For Community-based Facilities and other settings other than health and school-based – see Annex C



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V. Effectivity

This guideline shall take effect immediately upon signing, until revoked and/ or revised.


ANNABELLE P. YUMANG, MD, MCH, CESO III
Regional Director

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JAN 22 2022

RB

Regional Director

Annex A



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Monitoring Tool I. Facility Observation Checklist

Region: _____

Province: _____

Health Facility: _____

List of Health Facility: _____

Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facilities easy to reach and to obtain services from it.

| Item | Self Assessment | | Assessment Team | | Recommendations |
|--|-----------------|----|-----------------|----|-----------------|
| | YES | NO | YES | NO | |
| Welcoming Signage | | | | | |
| Schedule of Clinic Hours (Day and Time) | | | | | |
| Health Services are provided | Specify: | | Specify: | | |
| | _____ | | _____ | | |
| | _____ | | _____ | | |
| | _____ | | _____ | | |
| | _____ | | _____ | | |
| Clinical Guidelines in the provision of Adolescent-Friendly Health Services | | | | | |
| Registration logbook containing the list of clients who consulted and were given services | | | | | |
| List of services provided by the facility | | | | | |
| There is a designated person with access to the records | | | | | |
| There is a designated room space for client-provider interaction with chairs, tables, well ventilated and well lighted | | | | | |

Monitoring Team: _____

Date and Time of Monitoring: _____

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Fax Line 744-9502, 711-9595 Fax 743-0230 • URL: <http://www.doh.gov.ph> e-mail: office@doheer.doh.gov.ph



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Monitoring Tool 2. Facility Observation Checklist

Region: _____
Province: _____
Municipality: _____

Level 2 Health facilities
To administer to the minimum standards set by Level 1 Health facilities
The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided through referral linkages by well-trained staff effectively

| Item | Self Assessment | | Assessment Team | | Recommendations |
|------|--|----|-----------------|----|-----------------|
| | YES | NO | YES | NO | |
| | <p>National Standards for Adolescent Service Package</p> <p>Written Plan for Information Dissemination</p> <p>Policy regarding clients' time schedule</p> <p>Policies for provision of services</p> <p>Policy for payment schemes</p> <p>Plan for outreach program, Advocacy campaign</p> <p>IEC materials on the different programs services available (Example IEC on maternal care, family planning, etc) displayed in a rack - conspicuous place</p> <p>The IEC materials should also include the directory of other agencies/organizations where the services can be obtained and referral forms</p> <p>There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider</p> <p>* Conversation between provider and client cannot be heard by others</p> <p>Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers</p> | | | | |

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Head Office: San Lazaro Compound, 1600 Alvarado, Sts. Cor. 1103 Manila • Email: info@doh.gov.ph • Fax: 7800 local 1113, 1108, 1125
Direct Lines: 721-4492 • 721-8500 • 743-1829 • URL: <http://www.doh.gov.ph> • Email: publicaffairs@doh.gov.ph



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Form for recording patient information and medical history. The form includes a grid for recording data and a list of fields to be filled out.

| | | | | |
|--|--|--|--|--|
| Department - Division - Section | | | | |
| Primary Problem - | | | | |
| Previous and present - disease process and complications - | | | | |
| Investigated results for all - required procedures | | | | |
| All records on file - to be placed | | | | |
| Cooperation in a separate section - if being referred with this and left | | | | |
| Individual Treatment Records that shows the client's condition, findings on examination, physical assessment and management of clients | | | | |
| Inventory of consultations - name, address, services provided, contact number and contact person (for referral) | | | | |
| Referral logbook - name, age, address, clinical impression, where referred | | | | |
| Reason for referral, result of referral procedure, follow-up | | | | |
| Achievement report showing the activities given at the public health facility as well as those given by other agencies, individuals and peer educators | | | | |

Monitoring Team: _____ Date & Time: _____

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Monitoring Tool 3: Facility Observation Checklist

Name: _____

Place: _____

Address: _____

Level: Health _____

This checklist is for the implementation of Level 1 and 2 Health facilities.

The health services are provided in a way that respect the rights of adolescents and their privacy and confidentiality, address the surroundings and procedures of the health facility appealing and acceptable.

| Item | Self Assessment | | Assessment Team | | Recommendations |
|---|-----------------|----|-----------------|----|-----------------|
| | YES | NO | YES | NO | |
| Patients flow from admission to delivery of services including the average time for each step is noted in strategic plans | | | | | |
| Stock cards showing the delivery and utilization of medicines, commodities for adolescent health care | | | | | |
| There is a suggestion box | | | | | |
| There are peer educators assisting in clinical operations and providing services (lectures, counseling, etc.) | | | | | |
| Materials being used by the adolescents in the facility | | | | | |
| *Educational materials, movies and sports instruments, etc | | | | | |
| SOP for maintenance of facility | | | | | |
| Schedule of meeting of TWG | | | | | |
| Minutes of meetings of TWG | | | | | |
| There is a designated person with access to the records | | | | | |
| There are leaflets containing the clinic schedule and services which the patients/community members can bring home and share to other community members | | | | | |
| IEC Plan | | | | | |

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Copy of the Local Development Plan

Advisory Panel

Action Plan showing existing agency
responsibilities, the scope of the agency
strengthening assistance they will provide
and other arrangements.

Monitoring Team

Date & Time: _____

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Building 1, San Lazaro Compound, Rural Avenue, Sta. Cruz, 1005 Manila • Toll-Free Line 651-7800 Local 1143, 1148, 1155
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Annex B

Monitoring Tool 1. Facility Observation Checklist

Level I School- based Facility (Teen Center/Clinic)

Region: _____
 Province: _____
 Municipality: _____
 Name of School/ Facility: _____

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in the school setting. While school-based adolescent facilities are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in the school premises, where they spend majority of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating "Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health."

Standard 1 "Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and obtain services from it".

| Item | Self Assessment | | Assessment Team | | Recommendations |
|---|--|----|--|----|-----------------|
| | YES | NO | YES | NO | |
| Welcome Signage | | | | | |
| Schedule of Teen Clinic/Center hours (Day and Time) | | | | | |
| Health Services are provided: Note: may include all basic health services given at the school clinic | Specify: - _____ - _____ - _____ - _____ - _____ - _____ | | Specify: - _____ - _____ - _____ - _____ | | |
| Clinical Guidelines in provision of Adolescent-Friendly services on logbook | | | | | |



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| containing the list of clients who consulted and were given services | | | | | |
| List of services provided by the facility | | | | | |
| * All other services available in the facility | | | | | |
| There is a designated person with access to the records. | | | | | |
| * office order of designation | | | | | |
| There is a designated room/space for client – provider interaction with chairs, tables, well ventilated and well lighted | | | | | |
| * may utilize an ARH corner as long as there will be designated room/space for one on one interaction, as needed. | | | | | |
| Customer Satisfaction Survey (CSS) | | | | | |

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:



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Monitoring Tool 2. Facility Observation Checklist

Level II School-based Facility (Teen Center/Clinic)

Region: _____
Province: _____
Municipality: _____
Name of School Facility: _____

*In addition to the minimum standards set for Level I School-based facilities.

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in the school setting. While school-based adolescent facilities are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in the school premises, where they spend majority of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating "Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health."

Standard 2 "The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively".

| Item | Self Assessment | | Assessment Team | | Recommendations |
|--|-----------------|----|-----------------|----|-----------------|
| | YES | NO | YES | NO | |
| National Standards for Adolescent Service Package | | | | | |
| Action Plan for Information Dissemination | | | | | |
| Policy regarding flexible time schedule | | | | | |
| Policies for provision of services | | | | | |
| Policies for payment schemes | | | | | |
| Plan for school outreach program / Advocacy campaign | | | | | |
| IEC materials on the different programs / services available (Example IEC on _____ : campaign, etc) and on a rack / _____ in a conspicuous place. | | | | | |



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|---|--|--|--|--|--|
| <p>The IEC materials should also include the directory of other agencies/organizations where the services can be obtained</p> | | | | | |
| <p>There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider.</p> <p>* Conversation between provider and client cannot be heard by others.</p> | | | | | |
| <p>Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers</p> <p>*Comprehensive Mgt of Adolescent Training for HSP *ADEPT *Foundational Course</p> <p>Additional trainings as appropriate: *SHAPE-A *Peer Facilitator's Training</p> | | | | | |
| <p>Protocols and guidelines for client- service provider interaction</p> | | | | | |
| <p>Policies and procedures to ensure privacy and confidentiality is posted</p> | | | | | |
| <p>Individual records are kept in separate</p> | | | | | |
| <p>as _____ rds are kept in a _____ ce, preferably in a _____</p> | | | | | |



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| separate room or a filing cabinet with lock and key. | | | | | |
| Intake form/sheet with client's details including chief complaint/reason for consult, and management/interventions done. *May also include filled up Rapid HEADSSSS Tool | | | | | |
| Directory of organizations - name, address, services provided, contact number and contact person (for referral) | | | | | |
| Referral logbook - name, age, address, Clinical Impression, where referred, reason for referral, result of referral | | | | | |
| Referral forms | | | | | |
| Accomplishment report showing the services given at the public health facility as well as those given by other agencies, individuals and peer counselors | | | | | |

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:



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Annex C

Monitoring Tool I. Facility Observation Checklist

Level 1 Community-based Facility (Teen Tambayan)

Region: _____
 Province: _____
 Municipality: _____
 Name of Facility/ Barangay: _____

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in a community-based setting. While community-based adolescent facilities/teen tambayans are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in other settings other than health facilities, where they spend most of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating "Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health."

Standard 1 "Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and obtain services from it".

| Item | Self Assessment | | Assessment Team | | Recommendations |
|---|--|----|--|----|-----------------|
| | YES | NO | YES | NO | |
| Welcome Signage | | | | | |
| Teen Tambayan Schedule (Day and Time) | | | | | |
| List of services provided by the facility (including health services, if applicable) | Specify: - _____ - _____ - _____ - _____ | | Specify: - _____ - _____ - _____ - _____ | | |
| Registration logbook containing the list of clients who consulted and were given services | | | | | |
| There is a designated _____ with access to the _____ | | | | | |
| _____ order of _____ | | | | | |



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| designation. Signed by the Punong Barangay | | | | | |
| There is a designated room/space for client – provider interaction with chairs, tables, well ventilated and well lighted | | | | | |
| Customer Satisfaction Survey (CSS) | | | | | |

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:



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Monitoring Tool 2. Facility Observation Checklist

Level 1 Community-based Facility (Teen Tambayan)

Region: _____
Province: _____
Municipality: _____
Name of Facility/ Barangay: _____

*In addition to the minimum standards set for Level 1 Community-based facilities.

The requirements set are based on the National Standards and Implementation Guide in the Provision of Adolescent-friendly Health Services, considering the services that are available and can be accessed in a community-based setting. While community-based adolescent facilities/teen tambayan are not directly considered as a "health facility", the DOH and its partner agencies recognizes the importance of establishing safe spaces for adolescents in other settings other than health facilities, where they spend most of their time. This is also in reference to AO 2013-0013: National Strategic Framework on Adolescent Health and Development, stating "Improving access to quality and adolescent-friendly health care facilities... and utilizing various settings outside the health system, such as schools, cruising sites, and social media, to promote adolescent health."

Standard 2 "The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively".

| Item | Self Assessment | | Assessment Team | | Recommendations |
|--|-----------------|----|-----------------|----|-----------------|
| | YES | NO | YES | NO | |
| National Standards for Adolescent Service Package | | | | | |
| Action Plan for Information Dissemination | | | | | |
| Policy regarding flexible time schedule | | | | | |
| Policies for provision of services | | | | | |
| Policies for payment schemes | | | | | |
| Plan for community outreach program / Advocacy campaign | | | | | |
| IEC materials on the different programs / services available (Example IEC on iChoose campaign, etc) displayed on a rack / conspicuous place. | | | | | |
| The IEC materials should | | | | | |



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|--|--|--|--|--|--|
| also include the directory of other agencies/organizations where adolescent services can be obtained | | | | | |
| There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider. * Conversation between provider and client cannot be heard by others. | | | | | |
| Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers *Comprehensive Mgt of Adolescent Training for HSP *ADEPT *Foundational Course Additional trainings as appropriate: *SHAPE-A *Peer Facilitator's Training | | | | | |
| Protocols and guidelines for client- service provider interaction | | | | | |
| Policies and procedures to ensure privacy and confidentiality is posted | | | | | |
| Individual records are kept in separate envelopes. | | | | | |
| All records are kept in a safe place, preferably in a separate room or a filing cabinet with lock and key. | | | | | |
| Intake form/sheet with client's details including chief complain/reason for consult, and management/ interventions done. *May also include filled up | | | | | |



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|--|--|--|--|--|--|
| Rapid HEADSSSS Tool | | | | | |
| Directory of organizations -- name, address, services provided, contact number and contact person (for referral) | | | | | |
| Referral logbook -- name, age, address, Clinical Impression, where referred, reason for referral, result of referral | | | | | |
| Referral forms | | | | | |
| Accomplishment report showing the services given at the public health facility as well as those given by other agencies, individuals and peer counselors | | | | | |

Assessment Team:

Conforme:

Designation: _____

Date and time of assessment:
