

### Department of Education

REGION VIII
SCHOOLS DIVISION OF NORTHERN SAMAR

12 December 2024

No. 386, s. 2024

# HEALTHY LEARNING INSTITUTIONS (HLI): PEER HEALTH NAVIGATION TRAINING

To: Assistant Schools Division Superintendent
Chief, Schools Governance & Operations Division
Concerned Public Schools District Supervisors/Principals In-Charge
Concerned Public Elementary Principals/School Heads
Concerned School Health Section Personnel
All Others Concerned

- 1. The Provincial Health Office (PHO), together with the Provincial Department of Health Office (PDHO), and the support of this Office, shall conduct a two (2)-day live-in activity entitled: **Healthy Learning Institutions (HLI): Peer Health Navigation Training** on December 15 and 16, 2024 at the Royale Palm Hotel and Resort, Pambujan, Northern Samar. This training is part of the series of heath promotional activities that is in line with the ongoing implementation of the Healthy Leaning Institutions (HLI) where thirty (30) Last Mile Elementary Schools (LMES) from the Schools Division of Northern Samar have been selected as beneficiaries.
- 2. The objectives of this activity are the following:
  - a. **Educate Adolescents**: Provide comprehensive education on reproductive health topics, including puberty, STI prevention, mental health and healthy relationships.
  - b. **Empower Peer Support**: Train adolescents to become peer health navigators, equipping them with skills to support their peers in making informed health decisions and accessing necessary services.
  - c. Promote Healthy Decision-Making: Encourage informed decision-making by fostering an understanding of reproductive rights, gender equality, and the importance of mental health and emotional wellbeing.
  - d. **Enhance Service Access**: Improve access to reproductive health services by teaching adolescents how to navigate healthcare systems and utilize available resources effectively.









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- e. **Community Partnership and Engagement**: Advocate for supportive community involvement, engagement, and referral in adolescent health.
- 3. The participants of this activity are the following:
  - a. Thirty (30) Learners: One (1) Grade Six Learner per each HLI-LMES preferably Supreme Elementary Learner Government (SELG) Officers.
  - b. Thirty (30) Teachers: One (1) Schol GAD Coordinator/ Focal Person or SELG Adviser.
  - Seven (7) Facilitators from DepEd Schools Division of Northern Samar, Schools Governance and Operations Division – School Health Section (SGOD-SHS):

1. Alma M. Cuanico	Nurse II – Division Focal Person for HLI		
2. Marvin D. Socorro	Nurse II – Division Alternate Foca Person for HLI/ Teen Health Navigator Trainer		
3. Precy M. Ereno	Nurse II – Division Focal Person for Adolescent Reproductive Health (ARH)/ Teen Health Navigator Trainer		
4. Gladys Phine T. Caimoy	Nurse II – Division Alternate Focal Person for ARH/ Teen Health Navigator Trainer		
5. Katrina Kristel A. Tafalla	Nurse II - Teen Health Navigator Trainer		
6. Chenita P. Tenedero	Nurse II – Adolescent Job Aid Trainer		
7. Camelia B. Nemil	Nurse II – HLI Trainer		

- 4. To ensure the safety and protection of participating learners, a signed **Parental Consent and Waiver Form** must be submitted during onsite registration. Attached is the Parental Consent and Waiver Form to be accomplished.
- 5. Moreover, due to the activity extending over a weekend, the following shall be granted to the attendees:
  - a. Teaching personnel who are either participants, trainers/facilitators or other key personnel shall be entitled to a Service Credit in accordance with DepEd Order No. 53 s. 2003, entitled "Updated Guidelines on the Grant of Vacation Service Credits to Teachers".
  - b. On the other hand, non-teaching personnel who are either participants, trainers/ facilitators or other key personnel shall be entitled to a Compensatory Time Off (CTO) as per Civil Service Commission (CSC)









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and Department of Budget Management (DBM) Joint Circular No. 2, s. 2004 on Non-Monetary Renumeration for Overtime Service Rendered.

- 6. All expenses relative to the conduct of this activity such as meals, venue and accommodation, shall be charged against the HLI Fund downloaded to the Northern Samar Provincial Government, while travel and incidental expenses of the participants and facilitators from DepEd shall be charged to the local/school/division funds or Maintenance and Other Operating Expenses (MOOE) subject to the usual accounting and auditing rules and procedures.
- 7. This Memorandum shall serve as Official Travel Authority of all involved.

8. Immediate dissemination of and strict compliance with this Memorandum are desired.

> GAUDENCIO C. ALJIBE JR., PhD, CESO VI Schools Division Superintendent

> > DepEd Northern Samar

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Enclosure No. 2 to DM\_\_\_\_\_, s. 2024

### PARENTAL CONSENT AND WAIVER FORM

Ι,	, as the parent or legal gua	rdian of
	(Full Name of Learner)	

hereby acknowledge that I have been informed on the details of the **HEALTHY LEARNING INSTITUTIONS (HLI): PEER HEALTH NAVIGATION TRAINING** on December 15 & 16, 2024 at Royale Palm Hotel and Resort, Pambujan, Northern Samar.

### **Voluntary Participation**

I have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter. I acknowledge that my child's participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawal of participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled.

#### **Documentation**

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and use some or all of my child's images/contributions/ performance in documentations created by the DepEd and its program partners and to release these materials to official organizational platforms.

#### Confidentiality

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Data Privacy Act of 2012.

I hereby confirms that I agree and understand the commitment of my child as a participant. I also understand and will support my child's endeavor to meet the expectations, guidelines, and responsibilities to his/ her fellow participants.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school/division









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and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the activity.

I hereby acknowledge that I have fully read and understood the content of this document which was explained to me using the language that I can understand prior to signing.

With full understanding, I, on behalf of myself, my household members, and my child, hereby freely and voluntary give my consent to my child's participation in the activity on December 15 & 16, 2024. I also attest that I had sought the views of my child and he/she has expressed willingness to participate in the activity.

Signature Over Printed Name of Parent/ Guardian

Contact Information (Mobile Number):





