



Republic of the Philippines  
**Department of Education**  
REGION VIII - EASTERN VISAYAS

October 27, 2021

**REGIONAL MEMORANDUM**

No. **007662**, s. 2021

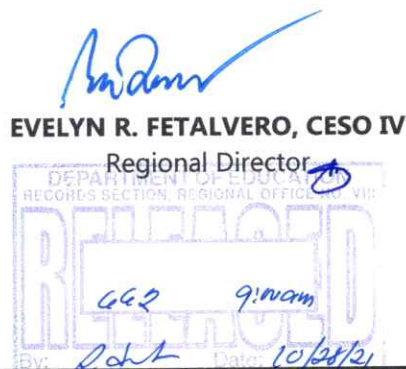
**REGIONAL MONITORING OF OPLAN KALUSUGAN SA DEPED (OK SA DEPED)  
FLAGSHIP PROGRAMS**

To: Schools Division Superintendents  
Division School Health Section Heads  
Division OK sa DepEd Flagship Program Coordinators  
Division Youth Formation Coordinators  
Public Elementary and Secondary School Heads  
All Others Concerned

1. In relation to DepEd Order No. 28, s. 2018 entitled "Policy and Guidelines on Oplan sa Kalusugan sa Department of Education (OK sa DepEd)," this office announces the conduct of Regional Monitoring of Oplan Kalusugan sa DepEd (OK sa DepEd) Flagship Programs specifically on Medical, Dental and Nursing Services, National Drug Education Program (NDEP), Adolescent Reproductive Health (ARH), Wash in Schools (WinS), School Mental Health, School-Based Feeding Program (SBFP) and Gulayan sa Paaralan Program (GPP).
2. The composition of the monitoring teams, schedule of activities and monitoring tools are stipulated in Annexes A, and B attached to this Memorandum.
3. All Schools Division Superintendents are enjoined to monitor the successful implementation of the activity.
4. For further information, Dr. Elmer Albert E. Cuevas, Dentist III can be reached at 09173046180 (Globe).
5. The travel expenses of the monitoring team shall be charged against the program support funds subject to the usual accounting and auditing rules and procedures.
6. Immediate dissemination of and strict compliance with this memorandum are desired.

Enclosures: as stated  
References: DepEd Order No. 28, s. 2018  
To be indicated in the Perpetual Index under the following subjects:

MONITORING PROGRAMS HEALTH



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Enclosure No. 1 to Regional Memorandum No. 662 s. 2021

**ANNEX A**

**Monitoring Team**

<b>Team A</b>		<b>Team B</b>	
<b>Team Leader</b>	Emmanuel Firmo Jr.	<b>Team Leader</b>	Elmer Albert Cuevas
<b>Members</b>	Adara Lourdes S. Luaton	<b>Members</b>	Reynaldo Nayre
	Camelia B. Nemil		

**SCHEDULE OF MONITORING**

<b>TEAM</b>	<b>DIVISION</b>	<b>DATE</b>
Team A	Northern Samar	November 9-10, 2021
Team A	Calbayog	November 11-12, 2021

<b>TEAM</b>	<b>DIVISION</b>	<b>DATE</b>
Team B	Maasin	November 4-5, 2021
Team B	Leyte	November 17-18, 2021

Enclosure No. 2 to Regional Memorandum No. 662 s. 2021

**ANNEX B**

**MONITORING INSTRUMENT ON  
OPLAN KALUSUGAN SA DEPED  
AND OTHER SCHOOL HEALTH PROGRAMS AND PROJECTS  
CY 2021**

Monitoring Tool

Division:	Period Covered:
Office Address:	
Office Telephone Number:	Mobile Number: Email address:
Number of Schools in the Schools Division:	Elementary: Secondary: Total:
Name of Monitor:	

<b>A. PROGRAMS/PROJECTS IMPLEMENTED</b> (Please check)	NOTES
<ol style="list-style-type: none"> <li>1. SBFP</li> <li>2. GPP</li> <li>3. NDEP</li> <li>4. WinS</li> <li>5. ARH</li> <li>6. Medical/Nursing/Dental Services</li> <li>7. MHPSS</li> <li>8. Comprehensive Tobacco Control (CTC)</li> <li>9. Healthy Food Choices</li> <li>10. Food Safety</li> <li>11. School-Based Immunization Program (SBIP)</li> <li>12. Others _____</li> </ol>	
<p><b>B. PROGRAM MANAGEMENT</b></p> <ol style="list-style-type: none"> <li>1. Data Bank (check on the presence of the following data) <ul style="list-style-type: none"> <li>• Total No. of Schools <ul style="list-style-type: none"> <li>❖ Elem _____</li> <li>❖ Secondary _____</li> </ul> </li> <li>• Nutritional Status Report <ul style="list-style-type: none"> <li>❖ Elem _____</li> <li>❖ Secondary _____</li> </ul> </li> <li>• List of areas/beneficiaries <ul style="list-style-type: none"> <li>❖ SBFP _____</li> </ul> </li> </ul> </li> </ol>	

❖ GPP

- List & Number of Health Personnel

Medical Officer	Dentist	Dental Aides	Nurses	Junior HS Nurses	Senior HS Nurses

2. Accomplishment Reports

- SBFP \_\_\_\_\_
- GPP \_\_\_\_\_
- NDEP \_\_\_\_\_
- ARH \_\_\_\_\_
- WinS \_\_\_\_\_
- Medical \_\_\_\_\_
- Nursing \_\_\_\_\_
- Dental \_\_\_\_\_
- Deworming \_\_\_\_\_
- SBIP \_\_\_\_\_

**C. FOCAL PERSONS PER PROGRAM**

Program	Name	Designation	CP No.	Email Add
1. SBFP				
2. GPP				
3. NDEP				
4. WinS				
5. ARH				
6. Medical/ Nursing/ Dental Services				
7. MHPSS				
8. CTC				
9. Healthy Food Choices				
10. Food Safety				
11. SBIP				

**D. PLANNING WORKSHOPS/SEMINARS/TRAININGS CONDUCTED**

Activities	Pax	Date Conducted	Sources of Funds

<b>E. FINANCE</b>				
1. Hazard Pay				
2. Subsistence & Laundry Allowance				
3. Reimbursement of TEVS				
4. Augmentation of Travel Expenses				
5. Downloaded funds for SBFP				
6. Downloaded funds for GPP				
<b>F. ADVOCACY ACTIVITIES</b>				
1. NDEP		_____		
2. Healthy Food & Beverage Choices		_____		
3. Comprehensive Tobacco Control		_____		
4. Mental Health		_____		
5. ARH		_____		
<b>G. MONITORING ACTIVITIES</b>				
<b>Programs Monitored</b>		<b>Findings</b>		
<b>H. PROGRAM CONCERNS</b>				
1. SBFP				
❖ No of. Beneficiaries per School:				
2. GPP				
❖ List of schools given financial assistance per SDO:				
❖ Number of Community Gardens				
3. NDEP activities/concerns				
❖ No. of NDEP Coordinators				
❖ No. of Secondary Schools with BKD Chapters				

<p>4. WinS activities/concerns per SDO</p>		
<p>5. ARH activities/concerns</p> <ul style="list-style-type: none"> <li>❖ No. of:             <ul style="list-style-type: none"> <li>▪ Registers Guidance Counselors</li> <li>▪ Designated GCs</li> </ul> </li> <li>❖ No. of trained GCs on ADEPT</li> </ul>		
<p>6. Medical Services Activities &amp; Concerns:</p> <ul style="list-style-type: none"> <li>❖ No. of newly-hired MO</li> </ul>		
<p>7. Nursing Services Activities &amp; Concerns:</p> <ul style="list-style-type: none"> <li>❖ No. of newly-hired Nurses</li> </ul>		
<p>8. Dental Services Activities &amp; Concerns:</p> <ul style="list-style-type: none"> <li>❖ No. of newly-hired Dentists &amp; Dental Aides</li> </ul>		
<p>9. Others</p>		
<p><b>I. ISSUES &amp; CONCERNS</b></p> <hr/> <hr/> <hr/>		
<p><b>J. OTHERS ACCOMPLISHMENTS</b></p> <hr/> <hr/>		

<hr/> <hr/>	
<b>K. FINDING &amp; RECOMMENDATIONS</b> <hr/> <hr/> <hr/>	

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School-Based Feeding Program

**QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION**

(Regional Level)

SY \_\_\_\_\_

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

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

**I. INTERVIEW/FOCUS GROUP DISCUSSION WITH SBFP FOCAL PERSONS**

1. What are the preparatory activities done by the Division Office with regards to the implementation of SBFP for SY \_\_\_\_\_?

\_\_\_\_\_  
\_\_\_\_\_

2. Of the activities mentioned, in what part were you involved and to what extent? If you were not involved, in what part do you think you should have been involved?

\_\_\_\_\_  
\_\_\_\_\_

3. Was there a Technical Working Group formed in the SDO? Who created it? Who are the persons involved? What is the role of each member of the TWG? Was the expected role accomplished by the TWG members? If not, cite the reasons and instances.

\_\_\_\_\_  
\_\_\_\_\_

4. Is/Are there SBFP Focal Person/s designated by the SDS? Who is/are the Focal Persons? What are the roles of the SBFP Focal Person/s?

\_\_\_\_\_  
\_\_\_\_\_

5. As SBFP Focal Person, do you have the support of the SDO?

\_\_\_\_\_  
\_\_\_\_\_

6. Is there proper coordination & communication with RO and SDO? Were there issues encountered with the coordination with RO? Was it resolved? How?

\_\_\_\_\_  
\_\_\_\_\_

7. When was the Funds for SBFP from CO released to SDO?

- Date Received \_\_\_\_\_
- Amount Received \_\_\_\_\_

8. Did you conduct orientation for school implementers?

- Date of orientation conducted \_\_\_\_\_
- No. of schools oriented? \_\_\_\_\_
- Number of schools with no orientation? \_\_\_\_\_

9. Have you monitored the implementation of SBFP in SDOs & schools?

If yes, what are the major findings?

If no, cite the reasons for not monitoring

\_\_\_\_\_



10. What are the strengths and weaknesses of the program?

\_\_\_\_\_

\_\_\_\_\_

11. What are the opportunities and threats?

\_\_\_\_\_

\_\_\_\_\_

12. What are the best practices of the region in SBFP implementation?

\_\_\_\_\_

\_\_\_\_\_

13. What are the issues and concerns you have encountered? How did the SDO resolve it?

\_\_\_\_\_

\_\_\_\_\_

15. Do you think you will have a successful implementation of SBFP this year? Why?

\_\_\_\_\_

\_\_\_\_\_

16. What are your suggestions for program improvement?

\_\_\_\_\_

\_\_\_\_\_

17. Have you created Municipal /City level local alliance?

- No. of preparatory meeting conducted \_\_\_\_\_
- Actual meeting conducted with partners \_\_\_\_\_

18. Who are the active partners / stakeholders in the division?

19. How much funds were released from SDO to Schools?

- Total Amount released to Schools \_\_\_\_\_
- Number of tranches \_\_\_\_\_

20. Was there orientation conducted to schools? Who are the participants? Who funded the activity?

- With orientation \_\_\_\_\_
- No orientation \_\_\_\_\_

21. How many active partners / stakeholders in schools?

- NGO \_\_\_\_\_
- GO \_\_\_\_\_
- LGU \_\_\_\_\_
- Foundation \_\_\_\_\_
- Others (please specify) \_\_\_\_\_

22. Do you have complete program management data?

- Date started \_\_\_\_\_
- No. of feeding days as of visit \_\_\_\_\_
- Expected no. of days of completion \_\_\_\_\_
- Procurement method followed \_\_\_\_\_
- Nutrition Education in schools \_\_\_\_\_
- Weighing scale used in schools \_\_\_\_\_
- Parent involvement \_\_\_\_\_

23. Any complementary activities conducted?
- No. of beneficiaries dewormed \_\_\_\_\_
  - With functional School garden \_\_\_\_\_
  - Personal hygiene & good grooming \_\_\_\_\_
  - Waste congregation and composting \_\_\_\_\_
  - Adherence to food safety \_\_\_\_\_

No. Of Beneficiaries						Budget Allocation
SW	W	Total	SS	S	Total	

How many SWs were not covered by the program? \_\_\_\_\_

How many Ws were not covered? \_\_\_\_\_

**Nutritional Status SY** \_\_\_\_\_

Total Enrolment:	Number	%	Number	%
SW			SS	
W			S	
N			N	
OW			T	
O				
<b>TOTAL:</b>				

**II. DOCUMENTARY ANALYSIS – Division Level**

DOCUMENT	AVAILABILITY (√ if Available, X if not available)	REMARKS
1. Division Action Plan		
2. Division Work & Financial Plan		
3. School Work & Financial Plan		(specify if all recipient schools have submitted)
4. Cycle Menu from schools		(specify if all recipient schools have submitted)

**Monitoring Tool for WASH in Schools Using 3-STAR Indicators as per  
Deped Order No. 10, s. 2016**

WASH Elements	WINS 3-STAR Indicators			
	1-STAR	2-STAR	3-STAR	Remarks
<b>1. Water</b>				
1.1 Safe Drinking Water				
1.2 Water Testing				
1.3 Water for Cleaning				
<b>2. Sanitation</b>				
2.1 Gender Segregated Toilet Ratio				
2.2 Security of Toilets				
2.3 Wash Facility for Toilets				
2.4 Wash Facility for MHM				
2.5 Safety of Detached Toilets				
2.6 Toilets for Disabled				
2.7 Daily Cleaning of Toilets				
2.8 Funding for Repairs				
2.9 No Burning of Waste				
2.10 Segregated Trash Bins				
2.11 Waste Segregation				
2.12 Garbage Collection				
2.13 Septic Tank				
2.14 Drainage				
2.15 System for Flood				
2.16 Food Handlers				
<b>3. Hygiene</b>				
3.1 Group Handwashing Activity				
3.2 Available Soap				
3.3 Group Handwashing Facility				
3.4 Individual Handwashing Facility				
3.5 Individual Handwashing Practice				
3.6 Group Toothbrushing Activity				
3.7 Available Toothbrush & Toothpaste				
3.8 WinS in SIP/AIP				
3.9 Funding of Supplies				
3.10 Sanitary Pads				
3.11 Disposal of Sanitary Pads				
3.12 IEC Materials for MHM				
3.13 Rest Space for MHM				
<b>4. Deworming</b>				
4.1 Semi-annual Deworming				
4.2 Pupils Dewormed				
<b>5. Health Education</b>				

5. Project Procurement Management Plan		(specify if all recipient schools have submitted)
6. Transfer of funds from RO to SDO		(specify the date)
7. Regional Allocation per School		
8. Transfer of funds from SDO to schools		(specify the date)
9. Liquidation Reports from Schools		
10. List of beneficiaries		
11. Submission of SBFP Form 1		
12. Submission of SBFP Form 2		
13. Submission of SBFP Form 3		
14. Submission of SBFP Form 5		
15. Submission of SBFP Form 6		
16. Submission of SBFP Form 7		
17. Submission of SBFP Terminal Report for previous year		

Identify the schools that have poor compliance in the submission of required reports (if any).

\_\_\_\_\_

\_\_\_\_\_

**SBFP Schools with Gulayan sa Paaralan**

Schools	% Contribution of GPP to SBFP expenses (Check which is applicable per school)			
	0-4%	5-24%	25-49%	>50%

**Note:** On the GPP record, all vegetables used for SBFP should be itemized with corresponding quantity and cost. The Total cost of vegetables used divided by (number of beneficiaries X 16.00 X 120 days) X 100 = % contribution to the feeding program

5.1 IEC Materials				
5.2 Organized Teams				
5.3 INSET				
5.4 Learning Materials				
5.5 Advocacy for Parents				
5.6 Extra-Curricular Activities				

Evaluated by:

\_\_\_\_\_

Chairperson

\_\_\_\_\_

Members

\_\_\_\_\_

Members