



R.5864

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

March 29, 2022

REGIONAL MEMORANDUM

No. 270, s. 2022

REGIONAL REGULAR MONITORING OF OPLAN KALUSUGAN SA DEPED (OK SA DEPED)  
FLAGSHIP PROGRAMS IMPLEMENTATION FOR 2022

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

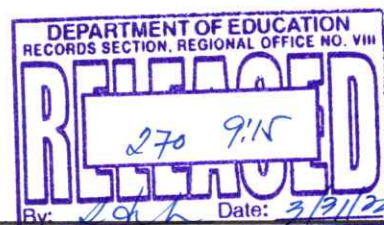
- In compliance to DepEd Order No. 28, s. 2018 entitled "Policy and Guidelines on Oplan sa Kalusugan sa Department of Education (OK sa DepEd)", this Office, through the Education Support Services Division-School Health Section (ESSD-SHS), shall conduct Regional Regular Monitoring of Oplan Kalusugan sa DepEd (OK sa DepEd) Flagship Programs implementation particularly 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 Integrated School Nutrition Model (ISNM).
- The objective of this activity is to monitor the OK sa DepEd Flagship Programs implemented in the Schools Division Offices and its schools.
- The Monitoring Teams shall be composed of the ESSD Chief, Medical Officer, Dentist, Nutritionist-Dietitian, Nurse, Dental Aide and other Program Focal Persons.
- For further information, Dr. Elmer Albert E. Cuevas, Dentist III can be reached at 09173046180 (Globe). The Monitoring Tool is attached to this Memo for your reference.
- Travel expenses of the Monitoring Teams shall be charged against the Program Support Funds and/or RO-ESSD funds subject to the usual accounting and auditing rules and procedures.
- Immediate dissemination of and strict compliance with this Memorandum are desired.

  
EVELYN R. FETALVERO, CESO IV  
Regional Director

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

HEALTH MONITORING PROGRAMS

ESSD-SHS-ALSL



Enclosure No. 1 to Regional Memorandum No. 270 s. 2021

**MONITORING TOOLS**

Oplan sa Kalusugan sa DepEd

Monitoring Tool

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

**1. NATIONAL DRUG EDUCATION PROGRAM (NDEP)**

Activities Conducted	Schools	Yes	No	Remarks
Systematic Training for Effective Parenting				
Barkada Kontra Droga				
Universal Preventive Curricula				
Life Skills Training				
Orientation on RA 9165				
Tobacco Control				
Red Cross Youth				
Kabataan				
Lakas Isip Ing				
Others:				

**2. ADOLESCENT REPRODUCTIVE HEALTH (ARH)**

Availability of the Data			
	Available	Not available	Remarks
<b>Teenage Pregnancy Data in Public Schools</b>			
<b>Status of Pregnant Learners</b>			

**2.a. ARH Activities**

Activities Conducted	Schools	Availability		Remarks
		Yes	No	
<b>Teen Center</b>				
<b>HIV /AIDS trainings/ lectures</b>				
<b>Mental Health Trainings/ lectures</b>				
<b>Red Cross Youth</b>				
<b>Others:</b>				

**3. SCHOOL MENTAL HEALTH**

Availability of the Data			
	Available	Not available	Remarks
<b>Licensed Mental Health Professionals</b>			
<b>Other Certified Mental Health Professionals</b>			
<b>Cases of Mental Health</b>			

Capacity Building Activities Conducted						
Activity Conducted (Specify title of activity)	Participating Schools	Check if Elementary School or High School		No. of Participants		
		Elementary	High school	NTP	Teachers	Learners
<b>TOTAL</b>						

**4. MEDICAL-DENTAL-NURSING SERVICES**

Availability of the Data			
	Available	Not available	Remarks
<b>Ten Most Common Signs and Symptoms (as reported by nurse)</b>			
<b>Ten Most Common Diseases (as Diagnosed by Medical Doctors)</b>			
<b>Ten Most Common Dental Problems (as Diagnosed by Dentists)</b>			
<b>Dental Service Accomplishment Report</b>			
<b>School-Based Immunization Program</b>			
<b>Deworming Program</b>			
<b>Weekly Iron Folic Acid (WIFA) Supplementation Program</b>			
<b>Visual &amp; Auditory Assessment</b>			
<b>Auditory Screening</b>			

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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

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

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11. What are the opportunities and threats?

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

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

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

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16. What are your suggestions for program improvement?

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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**

<b>DOCUMENT</b>	<b>AVAILABILITY</b> (√ if Available, X if not available)	<b>REMARKS</b>
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)
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).

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**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>				

5.1 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:

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Chairperson

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Members

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Members