



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

6305

May 26, 2023

REGIONAL MEMORANDUM

CLMD-2023- 504

**MONITORING ON THE STATUS OF IMPLEMENTATION OF THE
JOINT DELIVERY VOUCHER PROGRAM (JDVP)
FOR THE SCHOOL YEAR 2022-2023**

To: Schools Division Superintendents
(Divisions of Baybay, Biliran, Calbayog City, Catbalogan City, Eastern Samar, Leyte, Northern Samar, Ormoc City, Samar, and Tacloban City)
All Others Concerned

1. This Office, through the Curriculum and Learning Management Division (CLDM), announces the conduct of Monitoring on the Status of the Implementation of the Joint Delivery Voucher Program (JDVP) for the School Year 2022-2023, this 4th Quarter of the current school year.
2. The activity aims to:
 - a. Ensure that the program is implemented effectively and efficiently;
 - b. Identify any problems or challenges that may be impeding the program's success; and
 - c. Guarantee that the learner-beneficiaries are receiving the assistance they need and that they are making progress in their TVL specializations.
3. The Regional and the Division JDVP Focal Persons shall lead the monitoring using the enclosed monitoring and evaluation tool.
4. Expenses incurred relative to the conduct of the monitoring shall be charged against Local Funds, subject to the existing accounting and auditing rules and regulations.
5. Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO, CESO IV
Regional Director

Enclosures: as stated
References: as stated

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

JDVP

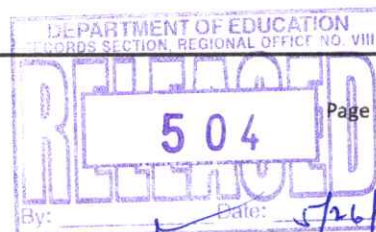
MONITORING

SHS-TVL

CLMD-ESF



Address: Government Center, Candahug, Palo, Leyte
Telephone No.:(053) 832-2997
Email Address: region8@deped.gov.ph
Website: <https://region8.deped.gov.ph>



Page 1 of 6

Enclosure 1 of RM 504, s. 2023

**Monitoring and Evaluation Tool
School Year 2022-2023**

Division: _____

Name of School: _____

Name of School Head: _____

Contact Number: _____

**Name of School JDVP
Focal Person:** _____

Contact Number: _____

**Total Number of Learner
Beneficiaries:** _____

Specialization: _____

Name of JDVP Partner: _____

Contact Number: _____

Direction: Fill in the required data with accuracy.

PART I. QUALIFICATIONS

A. PARTICIPATING SCHOOL

INDICATORS	YES	NO
1. The School offers Technical Vocational Livelihood Track since 2016.		
2. The School has been ascertained to have inadequate facilities, equipment, tools and teachers for an TVL Specialization since 2016.		
3. The school is located in areas where there are accessible Private SHSs, Non-DepEd Public SHS or Private TVIs.		

B. JDVP PARTNERS

INDICATORS	YES	NO
1. The JDVP Partner offers Technical Vocational Livelihood Track since 2016.		
2. The JDVP Partner submitted the following documentary requirement upon application.		
a. Certified True Copy of Provisional Permit to Offer SHS/ TESDA Accreditation.		
b. Letter of Intent		



c. Board Resolution		
d. Application Form (Annex 1)		
3. The JDVP Partner must be within the 8-kilometer radius. If not:		
a. Must provide Mobile TVL Laboratories		
b. Must provide Free Dormitories		
c. Must provide Free Transportation with Insurance coverage		
d. Application Form (Annex 1)		

PART II: PRE IMPLEMENTATION

ACTIVITIES	MODE OF VERIFICATION	YES	NO
For Participating Schools			
1. Secured copy of the DepEd Order ____, series of ____.	DepEd Order ____, series of ____.		
2. Attended Division Orientation on the conduct of Joint Delivery Voucher Program.	Certificate of Appearance.		
3. Conducted an orientation to the learner beneficiaries with their respective parents in the school level.	Narrative Report (Program, Attendance, Photos).		
4. Crafted flexible education and training schedule.	Implementation Plan		
5. Secured parental consent.	Compiled Parental Consent		
6. Assigned School JDVP-TVL Focal Person.	Designation		
7. Assigned teacher to regularly confer with the trainer.	Designation		
8. Submitted the Annex 3A to the SDO. (if necessary)	Receiving Copy of Annex 3A		
9. Provided Annex 4 to the JDVP Partner(s).	Receiving Copy of Annex 4		
10. Forwarded Annex 5 to the SDO.	Receiving Copy of Annex 5		



11. Provided copy of the Template 1	Receiving copy of Template 1		
For JDVP Partners			
1. Submitted application with complete documentary requirements.	Annex 2		
2. Attended Division Orientation on the conduct of Joint Delivery Voucher Program.	Certificate of Appearance		
3. Received a copy of the List of Learner Beneficiaries.	Template 1		
4. Furnished a copy of the training schedule.	Training Plan		
5. Assigned trainers per school per specialization.	Designation		
6. Conducted orientation prior to the training proopr.	Narrative Report		

PART III: IMPLEMENTATION PROPER

ACTIVITIES	MODE OF VERIFICATION	YES	NO
1. Monitored the delivery of the training	Monitoring Plan		
2. Checked attendance	Attendance Sheets		
3. Reported the improvement of learners' beneficiaries	Report Card		

AVAILABILITY OF RESOURCES

INDICATOR	Available?		Remarks
	Yes	No	
1. Sufficient Tools and Equipment a. 1:1 Ratio b. Updated Tools c. Complete Consumables d. Met the Set Standard			
2. Competent Trainer a. 25:1 Learner: Trainer Ratio b. Management Skill			
3. Safety Precautionary Measure a. Poster/ Signage b. Protective Gear			
4. Students' Participation a. Complete Attendance b. Present JDVP Focal Person			



5. Provide the minimum and maximum number of learner-beneficiaries that the partner institution can accommodate	Minimum Number:	Maximum Number:	
---	-----------------	-----------------	--

PART IV: POST IMPLEMENTATION

ACTIVITIES	MODE OF VERIFICATION	YES	NO
1. The JDVP Partner prepared Annex 6.	Annex 6		
2. The JDVP Partner guided and assisted the learner-beneficiaries as regards to their choice of NC and Assessment Centre.	Assessment Result		
3. The JDVP Partner completed Annex 7.	Annex 7		
4. The JDVP Partner submitted Annexes 8A and 8B with accurate data.	Annexes 8A and 8B		
5. The JDVP Partner secured Annex 9.	Annex 9		

PART V: INPUT ASSESSMENT

AREA OF CONCERN	BEST PRACTICE	PROBLEMS MET
APPLICATION		
ORIENTATION		
TRAINING SCHEDULE		
TRAINING PROPER Learners' Participation a. Attendance b. Performance Trainers' Competencies Resources' Sufficiency		



MONITORING		
NC ASSESSMENT		
BILLING		
Other Concern: _____		

	Monitor	Respondent (Participating School)	Respondent (JDVP Partner)
Signature			
Name:			
Position:			
Date:			

