November 17, 2026

REGIONAL MEMORANDUM
No. 1532 s. 2026

ONSITE MONITORING AND EVALUATION OF THE EDUCATION AND LEARNER SUPPORT SERVICES' (ELSS) PROGRAMS AND PROJECTS FOR SY 2026-2027

To: Schools Division Superintendents
All Others Concerned

1. The Department of Education Regional Office VIII, through the Education Support Services Division (ESSD), shall conduct onsite monitoring and evaluation of the different Education and Learner Support Services' (ELSS) Programs and Projects for SY 2026-2027.

2. This activity aims to:
   a. Monitor and evaluate the implementation of the ELSS programs and projects;
   b. Identify best practices and key learnings to improve program effectiveness and sustainability; and
   c. Provide appropriate technical assistance to the implementing divisions on conformity with the policy guidelines of the programs/projects.

3. The table below shows the assigned monitors per Schools Division Office.

Schools Division Office	Assigned Monitors	Date
Baybay City Biliran Leyte Ormoc City Tacloban City	**TEAM 1** • Dr. Angelica C. Rodriguez • Reuben Tan • SHNU TA I • Engr. Kathleen Leslie Nijaga • Gerlec Caandoy • Edwin S. Feliciano	Any schedule agreed upon by the assigned monitors and SDOs within the School Year (Note: The ESSD Chief and each Program Focal

Catbalogan City Samar Calbayog City Northern Samar	**TEAM 2** • Eden Dadap • Irene Kissa G. Simbajon • Engr. Brent Arandia • Ryan Dauplo • Engr. Narmer Basas • Jose R. Pallones	Person may join in any of the groups to monitor the implementing division as the need arises)
Borongan City Eastern Samar Maasin City Southern Leyte	**TEAM 3** • Engr. Ryan Bagon • Adara Lourdes S. Luaton • Hannah Cuarderno • Georgie S. De la Cruz • Wendy Cris L. Delfin • Mark Justine Renomeron	

4. All expenses incurred relative to the conduct of monitoring shall be charged against Local Funds and/or other program support funds from the different programs and projects of the ESSD subject to the usual accounting and auditing rules and regulations.

5. Immediate dissemination of and compliance with this Memorandum are desired.

SALUSTIANO T. JIMENEZ JD, EdD, CESO III
Regional Director

Enclosures: List of ELSS Programs & Projects, M&E Tool
References: None
To be indicated in the Perpetual Index under the following subjects:

IMPLEMENTATION PROJECTS PROGRAMS

ESSD-SHNU-GDC

DEPARTMENT OF EDUC
1532
By: 11.19.26

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				
Advocacy on Barkada Kontra Droga				
Capacity Building Universal Preventive Curricula				
Life Skills Training				
Orientation on RA 9165				
Advocacy on Tobacco Control				
Red Cross Youth Formation				
Others:				

2. ADOLESCENT REPRODUCTIVE HEALTH (ARH)

Availability of the Data			
	Available	**Not available**	**Remarks**
Teenage Pregnancy Data in Public Schools			
Status of Pregnant Learners			

2.a. ARH Activities

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

2.b. Adolescent Reproductive Health Basic Data

Number of Teenage Pregnant Learners				
School	**Grade**	**Access to Education**		
		In School	**On ADM**	**Dropped**

Number of Functional School-Based Teen Centers		
Elementary	**Secondary**	**Integrated**
Number of Learners who availed School-Based Teen Centers Services		
Elementary	**Secondary**	**Integrated**

3. SCHOOL MENTAL HEALTH

Availability of the Data				
	Available	**Not available**	**Number of Personnel**	**Remarks**
Licensed Mental Health Professionals				
Other Certified Mental Health Professionals				
Cases of Mental Health				

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**
TOTAL						

Number of Mental Health Cases			
School	**Grade Level**	**Male/Female**	**Intervention/s**

3. MEDICAL-DENTAL-NURSING SERVICES

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

Number of Functional School Clinics		
Elementary	**Secondary**	**Integrated**

Number of Medical Exams		
Elementary Learners	**Secondary Learners**	**Teaching and Non-Teaching Personnel**

School-Based Feeding Program
(Division Level)

SY: _____

Division: _____ Date: _____

Name Of SBFP Coordinator: _____

I. TOTAL NUMBER OF BENEFICIARIES

Total number of Schools:			
Nutritional Status:			
Primary Beneficiaries			
Total Number of All Kinder		Total Number of all Grade 1	
Severely Wasted		Severely Stunted	
Wasted		Stunted	
Normal		Normal	
Overweight/ Obese		Tall	
Adolescent Pregnant Learners		Adolescent mother with 0–1-year-old child/ren	
Secondary Beneficiaries			
Undernourished High School		Stunted	
Indigent Learner		Indigenous People	
PARDOs		Last Mile Schools	

II. FUND UTILIZATION

	AMOUNT OBLIGATED	AMOUNT DISBURSED	Total Amount Liquidated	REMARKS
Total Funds Received from RO				
PSF				
NFP				
NFP OpEx				
Hiring of COS TA I				
Hiring of COS AS II				
Remaining Balance				

III. IMPLEMENTATION

Program Management		**Remarks**
Feeding Modality		
Date Started of Feeding		
Total Feeding Days		
SBFP Cycle Menu		
Type of Milk received		
Nutrition Education during feeding		
Total number of Weighing scales used in school		
Orientation of SBFP (with or without)		
Number of Beneficiaries dewormed		
Have you monitored the implementation of SBFP in SDOs & Schools? If yes, what are the major findings? If no, cite the reason for not monitoring.		

IV. SBFP FORMS

	EVIDENT	**NOT EVIDENT**	**REMARKS**
Form 1A (Master list of Beneficiaries- Baseline)			
Form 1B (Master list of Beneficiaries- Endline)			
Form 2-ES (Summary of Beneficiaries & Start of Feeding)			
Form 2-J-SHS (Summary of Beneficiaries & Start of Feeding)			
Form 3 (Record of Daily Feeding)			
Form 4 (List of Authorized Consignees for Milk Delivery)			
Form 5 (List of Beneficiaries with/without Milk Intolerance)			
Form 6 (SBFP NFP Deliveries)			
Form 7 (Program Terminal Report)			
Form 8 (Parent's Consent for Milk)			

V. SBFP CORE GROUP

NAME	DESIGNATION	POSITION

BEST PRACTICES:

ISSUES AND CONCERNS:

RECOMMENDATIONS:

School-Based Feeding Program
(School Level)

SY: _____

Division: _____ Date: _____

Name Of School: _____

Name Of School Head: _____

Name Of School SBFP Coordinator: _____

I. TOTAL NUMBER OF BENEFICIARIES

Total number of Enrollees:			
Nutritional Status:			
Primary Beneficiaries			
Total Number of All Kinder		Total Number of all Grade 1	
Severely Wasted		Severely Stunted	
Wasted		Stunted	
Normal		Normal	
Overweight/ Obese		Tall	
Adolescent Pregnant Learners		Adolescent mother with 0–1-year-old child/ren	
Secondary Beneficiaries			
Undernourished High School		Stunted	
Indigent Learner		Indigenous People	
PARDOs		Last Mile Schools	

II. FUND UTILIZATION

School Work and Financial Plan				
	Total Amount Obligated	**Total Amount Disbursed**	**Total Amount Liquidated**	**REMARKS**
Total Funds Received from SDO				
Hot Meals				
Hot Meals OpEx				
NFP				
NFP OpEx				

III. IMPLEMENTATION

Program Management		**Remarks**
Feeding Modality		
Date Started of Feeding		
Total Number of Feeding Days		
SBFP Cycle Menu		
Type of Milk received		
Health Certificate		
Weighing scale used in school		
Orientation of SBFP (with or without)		
Number of Beneficiaries dewormed		
Development of Health and Nutrition Values		
Nutrition Education during feeding		
Proper Handwashing		
Prayer Before and After Meal		
Good Grooming and Personal Hygiene		

IV. SBFP FORMS

	EVIDENT	**NOT EVIDENT**	**REMARKS**
Form 1A (Master list of Beneficiaries-Baseline)			
Form 1B (Master list of Beneficiaries-Endline)			
Form 2-ES (Summary of Beneficiaries & Start of Feeding)			
Form 2-J-SHS (Summary of Beneficiaries & Start of Feeding)			
Form 3 (Record of Daily Feeding)			
Form 4 (List of Authorized Consignees for Milk Delivery)			
Form 5 (List of Beneficiaries with/without Milk Intolerance)			
Form 6 (SBFP NFP Deliveries)			
Form 7 (Program Terminal Report)			
Form 8 (Parent's Consent for Milk)			

V. SBFP SCHOOL CORE GROUP

NAME	DESIGNATION	POSITION

BEST PRACTICES:

ISSUES AND CONCERNS:

RECOMMENDATIONS:

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. Water	**1-STAR**	**2-STAR**	**3-STAR**	**Remarks**
1.1 Safe Drinking Water				
1.2 Water Testing				
1.3 Water for Cleaning				
2. Sanitation				
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				
3. Hygiene				
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				
4. Deworming				
4.1Semi-annual Deworming				
4.2Pupils Dewormed				
5. Health Education				

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

_____
Member

_____
Member

DEPED INFRASTRUCTURE PROJECT MONITORING AND VALIDATION TOOL

I. FINDINGS AND OBSERVATIONS

Project Name	
Location	
Implementing LGU	
Contract No.	
Contractor	
Contract Amount	
Project Duration	
Notice to Proceed (NTP)	
Actual Date Started	
Monitoring Date	

Monitoring Area	Item to Check	Monitoring/Validation	Status	Remarks / Action Required
A. Project Information	Project Name	Verify against approved project documents	☐ Compliant ☐ Not Compliant	
	Location	Validate actual project site	☐ Compliant ☐ Not Compliant	
	Implementing LGU	Verify responsible LGU	☐ Compliant ☐ Not Compliant	
	Contract No.	Check contract documents	☐ Compliant ☐ Not Compliant	
	Contractor	Verify contractor	☐ Compliant ☐ Not Compliant	
	Contract Amount	Compare with approved contract	☐ Compliant ☐ Not Compliant	
	Project Duration / NTP	Validate approved schedule	☐ Compliant ☐ Not Compliant	
B. Physical Accomplishment	Overall Physical Accomplishment	Validate reported % against actual site progress	☐ On Track ☐ Delayed	

	Pre-Construction / Mobilization	Check mobilization, permits and site readiness	☐ Complete ☐ Ongoing ☐ Not Started	
	Site Development	Validate actual accomplishment	☐ Complete ☐ Ongoing ☐ Not Started	
	Site Preparation	Validate excavation/preparation works	☐ Complete ☐ Ongoing ☐ Not Started	
	Foundation Works	Check actual works and quantities	☐ Complete ☐ Ongoing ☐ Not Started	
	Structural Works	Check structural components	☐ Complete ☐ Ongoing ☐ Not Started	
	Superstructure	Validate actual accomplishment	☐ Complete ☐ Ongoing ☐ Not Started	
	Architectural Works	Check building enclosure and finishes	☐ Complete ☐ Ongoing ☐ Not Started	
	MEPFS / Utilities	Verify installations	☐ Complete ☐ Ongoing ☐ Not Started	
	Finishing Works	Validate architectural finishes	☐ Complete ☐ Ongoing	

			☐ Not Started	
	Project Closeout	Punch listing and turnover	☐ Complete ☐ Ongoing ☐ Not Started	
C. Schedule / Slippage	Target vs. Actual Progress	Compute slippage	_____ %	
	Slippage ≤ 5%	Early Warning Stage	☐ Yes ☐ No	Corrective action
	Slippage ≤ 10%	ICU Stage	☐ Yes ☐ No	Catch-up program
	Slippage ≥ 15%	Terminal Stage	☐ Yes ☐ No	Contract action
D. Resources	Manpower	Check adequacy	☐ Adequate ☐ Inadequate	
	Materials	Check availability	☐ Adequate ☐ Inadequate	
	Equipment	Check deployment	☐ Adequate ☐ Inadequate	
E. Quality / Compliance	Approved Plans & Specifications	Verify implementation	☐ Compliant ☐ Not Compliant	
	MPSS	Validate compliance	☐ Compliant ☐ Not Compliant	
	DAED	Verify conformity	☐ Compliant ☐ Not Compliant	
F. Financial	Funds Transferred	Validate amount	₱_____	
	Amount Disbursed	Validate utilization	₱_____	
	Financial Utilization Rate	Check minimum 75% requirement	____%	
G. Documentation	Site Photos	Before/During/Current	☐ Complete ☐ Lacking	
	INSIGHTED Upload	Verify upload confirmation	☐ Uploaded ☐ Not Uploaded	

Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: https://region8.deped.gov.ph

	Supporting Documents	Check completeness	☐ Complete ☐ Lacking
H. Corrective Action	Issues/Bottlenecks	Identify cause	
	Catch-up Program	Required when applicable	☐ Yes ☐ No
	Additional Resources	Required when applicable	☐ Yes ☐ No
	Next Monitoring Date	Set follow-up date	_____

II. FINDINGS AND OBSERVATIONS

Findings/Observations	Remarks

Inspected By:

_____ Inspectorate Member

_____ Inspectorate Member

_____ Inspectorate Member

_____ Inspectorate Member

_____ SDO Personnel / Representative