



Republic of the Philippines
Department of Education
Region X
SCHOOLS DIVISION OF TANGUB CITY



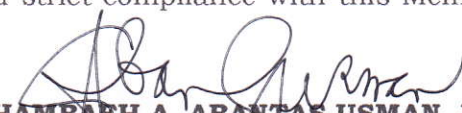
August 17, 2023

DIVISION MEMORANDUM
No. 271 , s. 2023

**DIVISION REGULAR MONITORING OF OPLAN SA KALUSUGAN SA
DEPED (Ok sa DepEd) FLAGSHIP PROGRAM IMPLEMENTATION
FOR 2023**

To : Public Schools District In-Charge
School Health & Nutrition Unit
Division OK sa DepED Flagship Programs Coordinators
Public Elementary & Secondary School Heads
All Others Concerned
This Division

1. In compliance with, DepEd Order No. 28, s. 2018 entitled "Policy and Guidelines on Oplan Kalusugan sa Department of Education (OK sa DepEd)," this Office, through School Governance Operation Division- School Health and Nutrition Unit (SGOD-SHNU), shall conduct a Division Regular Monitoring of Oplan Kalusugan sa Department of Education (OK sa DepEd) Flagship Programs Implementation for 2023 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 Gulayan sa Paaralan Program (GPP) / Integrated School Nutrition Model (ISNM).
2. The objective of this activity is to monitor and provide technical assistance to the schools on the implementation of the OK sa DepEd Flagship Programs implemented in the Schools Division Offices and its schools.
3. The Monitoring Teams shall be composed of Medical Officer, Dentist, Nurses, and other Programs Focal Persons.
4. For further information, Dr. Jun Clifford C. Estrella, Dentist II can be reached at 0918-787-2100. The monitoring tool is attached to this memorandum for your reference.
5. Travel expenses of the monitoring teams shall be charged against Program Support Funds / Augmentation Funds, subject to the usual accounting and auditing rules and procedures.
6. Immediate dissemination and strict compliance with this Memorandum are desired.


SHAMBAH A. ABANTAS-USMAN, PhD, CESE
Assistant Schools Division Superintendent
OIC-Office of the Schools Division Superintendent

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

HEALTH MONITORING PROGRAMS
SAU/SGOD/wtm/08-17-202



Address: Anecito Siete St. Mantic, Tangub City
Telephone: (088) 530 - 5988



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MONITORING TOOL FOR WASH in SCHOOL (WinS Program)

Date of Visit:	School Head:
School:	School Head Contact No:
School ID:	WinS Coordinator:
Enrolment:	WinS Coordinator Contact No.

WASH ELEMENTS	EVIDENT (Put Check if complied)	NOT EVIDENT (Put an X if not complied)	MOV	REMARKS
1. WATER				
1.1 Safe Drinking Water			Visible during on-site visit	
1.2 Water Testing			Results	
1.3 Water for Cleaning			Visible during on-site visit	
2. SANITATION				
2.1 Gender Segregated Toilet Ratio			Visible during on-site visit	
2.2 Security of Toilet / Detached Toilets			Visible during on-site visit	
2.3 Wash Facility for toilet / MHM			Visible during on-site visit	
2.4 Toilet for Disable			Visible during on-site visit	
2.5 Daily Cleaning of Toilets			Schedule of Cleaning	
2.6 No Burning of Waste			Visible during on-site visit	
2.7 Waste Segregation (MRF, Segregated trash bin)			Visible during on-site visit/Photo Documentation	
2.8 Garbage Collection			Schedule of collection	
2.9 Septic Tank / Drainage			Visible during on-site visit	
2.10 System for Flood			Visible during on-site visit	
2.11 Food Handlers			Availability of Food Handler Certificate	
3. HYGIENE				
3.1 Group Handwashing Activity			Photo Documentation	
3.2 Group Handwashing Facility with available soap			Visible during on-site visit/Photo Documentation	
3.3 Individual Handwashing Facility			Visible during on-site visit	
3.4 Individual Handwashing Practice with available soap			Photo Documentation	
3.5 Group Toothbrushing Activity			Photo Documentation	
3.6 Available Toothbrush & Toothpaste			Visible during on-site visit/Photo Documentation	
3.7 WinS in SIP/AIP / Funding for repair / Supplies			Documents, WFP, PPMP, SIP/AIP	
3.8 Sanitary Pads			Visible during on-site visit/Photo Documentation	
3.9 Disposal of Sanitary Pads			Visible during on-site visit	
3.10 IEC Materials fo MHM			Visible during on-site visit	
3.11 Rest Space for MHM			Visible during on-site visit	
4. Deworming				
4.1 Semi-annual Deworming			Forms/Photo/Documentation	
4.2 Pupils Dewormed			Forms/ Photo Documentation	
5. Health Education			IEC Materials/ Photo Documentation	

Monitored by: _____

Noted by: _____

Signature Over Printed Name

School Head/ WinS Focal Person
Signature Over Printed

Date: _____



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SCHOOL BASED FEEDING PROGRAM MONITORING TOOL

Date of Visit:	School Head:
School:	School Head Contact No:
School ID:	SBFP Coordinator:
Enrolment:	SBFP Coordinator Contact No.
Target Recipients:	Additional Beneficiaries:
No. of SW ____ No. of W ____ Total ____	No. of SW ____ No. of W ____ Total ____

Key Indicator	EVIDENT (Put Check if complied)	NOT EVIDENT (Put an X if not complied)	MOV	REMARKS
1. School Based Feeding Program Coordinator designated by School Head			Designation Order	
2. Two parents, as part of SBFP/GPP Core Group, are either PTA Officers or designated			Oath of Office	
3. List of Identified target beneficiaries, including additional beneficiaries, if any			SBFP Form 1	
4. School Feeding Focal Person has a record of children who participated in the daily activities.			SBFP Form 4	
5. The SBFP Core Group prepared a copy of the whole menu for the duration of the feeding program.			Menu Cycle	
6. SBFP Core Group prepared Work and Financial Plan and Project Procurement Management Plan relative to canteen share for feeding program, GPP prepared Sustainability Plan for Gulayan sa Paaralan Program			WFP and PPMP, Sustainability Plan	
7. School Head conducted school orientation			Minutes of Meeting with photo documentation	
8. SBFP Core Group, together with the School Head, strictly followed healthy choices of food and safety standards.			Visible during on-site visit	
9. Parents/ Volunteer helped in the whole duration of the program			List of Parents /Volunteers	
10. SH: allocated space in school for storing food; or followed the staggered delivery system.			Visible during on-site visit	
11. SH institutionalize: Complementary activities, as stated in DepEd Order No.39, s. 2017				
a. Maximum participation of the target learners who had undergone deworming			List of pupils	
b. Good grooming and personal hygiene			Health Inspection Report/ Photo Documentation	
c. WinS-related activity			Handwashing facilities, photo documentation etc.	
d. % of consumption of food from Gulayan sa Paaralan			GPP Monitoring tool	
e. Implementation of waste segregation and composting, and other related activities			Garbage bins	

Monitored by: _____

Noted by: _____

Signature Over Printed Name

School Head/ WinS Focal Person
Signature Over Printed

Date: _____



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GULAYAN SA PAARALAN MONITORING AND EVALUATION TOOL

School: _____
School Head: _____
GPP Coordinator: _____

School ID No.: _____
Contact Number: _____
Contact Number: _____

INDICATOR (This is what the School Health will look for.)	EVIDENT (Put Check if complied)	NOT EVIDENT (Put an X if not complied)	REMARKS
1. The school has designated Gulayan sa Paaralan Coordinator			
2. Learners, School Personnel and other stakeholders are involved in the school garden program			
3. The school garden properly laid out (plants, water supply and drainage)			
4. The School Garden has nursery or seed beds			
5. The school garden has perennial crops (malunggay trees, root crops, fruit bearing vegetable)			
6. The Gulayan sa Paaralan provides vegetables to the School-Based Feeding Program			
7. Innovative practices to maximize the garden area			
8. The school garden has Green Manure of Compost bin/ fits			
9. The school has an updated complied Quarterly Reports on Gulayan sa Paaralan Program.			
10. The school has a mechanism on year-round sustainability of school garden.			
11. The school has best practices regarding Gulayan sa Paaralan.			

Other Observations:

Monitored by: _____
Signature Over Printed Name

Date: _____

Noted by: _____
Signature Over Printed Name of School Head

Date: _____



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**NATIONAL EDUCATION PROGRAM MONITORING AND EVALUATION
TOOL**

School: _____
School Head: _____
NDEP Coordinator: _____
Assistant NDEP Coordinator: _____

School ID No.: _____
Contact Number: _____
Contact Number: _____
Contact Number: _____

INDICATOR (This is the REQUIREMENT of the standard. This is what the School Health will look for. It refers to measurable variables or characteristics used to determine the degree of adherence to a standard.)	EVIDENT (Put a check if complied)	NOT EVIDENT (Put an X if not complied)	REMARKS
1. Presence of organized National Drug Education Program (NDEP) School Anti-Drug Abuse Council (SADAC) with respective functions and updated minutes of meeting.			
2. Presence of organized Barkada Kontra Droga (BKD) with designated NDEP/BKD Coordinator/s			
3. Presence of Annual Action Plan of SADAC and Barkada Kontra Droga including resource/budgetary allocation.			
4. Presence of NDEP corners and Information, Education and Communication (IEC) materials located in an appropriate area.			
5. PTA and student organizations are involved in drug prevention activities.			
6. Presence of the Previous School Year Annual Accomplishment Report (AAR) of 1.) SADAC and 2.) Barkada Kontra Droga			
7. The school integrates drug abuse prevention in the training of Supreme Student Government, Boy Scouts and Girl Scouts and other clubs and organizations.			
8. Conduct of activities on drugs abuse prevention thru: a) fora or discussion on drug abuse prevention b) poster making contests, slogan and theme writing contests e.g. on drug abuse prevention and control			
9. Provision of guidance and counseling services, peer counseling, referral services, assistance to student surrenders if any			
10. Presence of organized and accredited Senior and/or Senior Plus RedCross Youth Councils with designated RCY Focal Person			
11. Coordination with GO's and NGO's: a. Municipal Anti-Drug Abuse Council (MADAC) b. Barangay Anti-Drug Abuse Council (BADAC) c. Department of Health (DOH) d. Local Government Unit (LGU) e. Philippine National Police (PNP) f. Other (pls. specify)			

Monitored by:

Noted by:

Signature Over Printed Name

School Head/ NDEP Focal Person
Signature Over Printed

Date: _____



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ADOLESCENT REPRODUCTIVE HEALTH MONITORING FORM

Name of School: _____ School ID Number: _____
 District: _____ Complete School Address: _____
 Name of School Head: _____ Contact No.: _____
 Total Enrolment: Male _____ Female _____ = Total _____ **SY:** _____
(Check/Provide appropriate answers)

1. Number of Pregnant Learners

Grade Level	In School	No. of Learners: Trimester of pregnancy at first referral/consultation			No. of Learners: Quarter of CY reported for first clinic referral/consultation				On Alternative Delivery Mode	Transferred		Dropped
		1st	2nd	3rd	1st	2nd	3rd	4th		In	Out	
Grade 4												
Grade 5												
Grade 6												
Grade 7												
Grade 8												
Grade 9												
Grade 10												
Grade 11												
Grade 12												
TOTAL												

2. Status of Pregnant Learners

Grade Level	Access to Health Services		
	No. to Brgy. RMU/ HMSO	No. with Private OB	No. Lost to follow-up
Grade 4			
Grade 5			
Grade 6			
Grade 7			
Grade 8			
Grade 9			
Grade 10			
Grade 11			
Grade 12			
TOTAL			

3. Number of Impregnator-Learners

Grade Level	In School	Impregnator: Number			On Alternative Delivery Mode	Transferred		Dropped
		Minor	Adult	Undetermined		In	Out	
Grade 4								
Grade 5								
Grade 6								
Grade 7								
Grade 8								
Grade 9								
Grade 10								
Grade 11								
Grade 12								
TOTAL								

1. Does the school have an operational teen center? Yes No

2. Number of Learners Reached by Adolescent Reproductive Health Trainings/Activities

Grade Level	Participated in HIV/AIDS Training	Trained as Peer Educators for Adolescent Sexual and Reproductive Health (ASRH)	Screened for ARH Concerns	Catered to by Teen Centers	Red Cross Youth	Others
Grade 4						
Grade 5						
Grade 6						
Grade 7						
Grade 8						
Grade 9						
Grade 10						
Grade 11						
Grade 12						
TOTAL						



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Grade Level	Trained on Adolescent Job Aid (AJA)	Trained on Adolescent Health Education and Practical Training	HIV/AIDS Training	Red Cross Youth Training	Others
Grade 4					
Grade 5					
Grade 6					
Grade 7					
Grade 8					
Grade 9					
Grade 10					
Grade 11					
Grade 12					
TOTAL					

4. **Best Practices:** _____

Prepared by: _____
School Mental Health Focal

Noted by: _____
School Head

Date: _____

Date: _____

Monitored & validated by:

Date: _____
School Health Section Personnel



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