



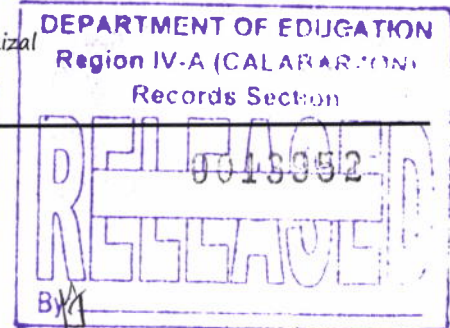
Republic of the Philippines

DEPARTMENT OF EDUCATION



Region IV-A (CALABARZON)

Gate 2, Karangalan Drive, Cainta, Rizal



MEMORANDUM

TO: SCHOOLS DIVISIONS SUPERINTENDENTS

FROM: DIOSDADO M. SAN ANTONIO
Director IV

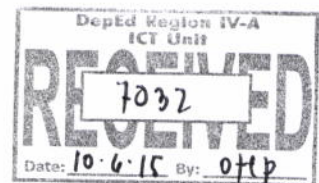
SUBJECT: SUBMISSION OF HEALTH AND NUTRITION PROGRAMS

DATE: 5 October 2015

To effectively assess the implementation of the Health and Nutrition Programs in the Philippines, the Central Office of this Department forwarded the following report forms for proper accomplishment. Electronic Submission is requested not later than 4th November 2015, Wednesday to deped4a_hnu@yahoo.com cc pearloliveth@yahoo.com

For clarifications, kindly contact Dr. Pearl Oliveth S. Intia at 0917 811 0690

Immediate dissemination of this memo is desired.



Health and Nutrition Programs**Summary of Reports ***

Division _____

Programs	Key Challenges	Recommendation
1) School –Based Feeding Program (2 pages)		
2) School Based Immunization Program		
3) Tamang Serbisyong Kalusugang Pampamilya (2 pages)		
4) DDB Civic Awareness Committee		
5) Bright Smiles, Bright Futures Program		
6) Gulayan Sa Paaralan Program (3 pages)		
7) Consolidated Water, hygiene, and sanitation (WASH) Report (2 pages)		
8) Consolidated HIV and AIDS Education (2014 and 2015)		
9) National Salt Iodization Program) 2 pages		
10) Report on the Conduct of the National School Deworming Day**		
11) Others Comments		

*Indicate in bullet form key problems per program and respective recommendation, you may add additional rows. For example, need to improve the reporting form by tabulating and making a cohesive format for all health and nutrition programs if applicable

**No need to report the figures. Just fill in the Summary of Key Problems and your Recommendation

Accomplished by (Complete Name and Designation) _____

Date Accomplished _____

School-Based Feeding Program
DepED SY 2015-2016
MONITORING QUESTIONNAIRE
(Division Office)

Division: _____

Date: _____

Activities Undertaken: Division Level

- Courtesy call with the SDS and discuss the objectives of the visit.
- Brief orientation among health personnel and division TWG regarding the monitoring.

1. Have you created Municipal /City level local alliance?
- No. of preparatory meeting conducted _____
 - Actual meeting conducted with partners _____

2. How much funds released allocated from DepED DO to Schools?
- Amount released to School
 - 1st tranche _____
 - 2nd tranche _____

3. When was the orientation conducted?
- With orientation _____
 - No orientation _____

4. How many active partners / stakeholders in schools
- NGO _____
 - GO _____
 - LGU _____
 - Foundation _____

5. Do you have complete data for the program?
- List of beneficiaries _____
 - Nutritional Assessment

	Baseline	Midline	Endline
SW	_____	_____	_____
W	_____	_____	_____
N	_____	_____	_____
OW	_____	_____	_____
O	_____	_____	_____
Total	_____	_____	_____

- Division Work and Financial Plan _____
- Cycle Menu _____
- Project Procurement Management Plan _____

6. Do you have complete program management datas?
- Date started _____
 - No. of feeding days as of ate of visit _____
 - Expected no. of days completion _____
 - Procurement method followed _____

- Procurement method followed _____
- Nutrition Education doing feeding _____
- Weighing scale used in school _____
- Parent involvement _____

7. Any complementary activities conducted?

- No. of beneficiaries dewormed _____
- With functional School garden _____
- Waste congregation and composting _____
- Adherence to food safety _____

8. Have you prepared / submitted monthly Physical and Financial Report and completed SBFP forms?

- No. Of schools with reports _____
- No. of schools without reports _____

9. Did you submit updated Liquidation monthly reports?

- No. of schools with liquidation _____
- No. of schools without liquidation _____

10. Issues and Concerns

Checklist of Data to be gathered:

- Final lists of schools SY 2015-2016
- Receipts of funds from DO to schools
- Nutritional Assessment (SY 2014-2015) Baseline / (SY 2013-2014) Baseline and Endline/(SY 2015-2016) baseline
- Physical and Financial Report (Since the start of implementation) monthly
- List of partners (Funds allocated by partners/ lists of schools involved)

Nov 8
LBR

3

TAMANG SERBISYONG KALUSUGANG PAMPAMILYA

MONITORING TOOL

Region: _____
Division: _____

School: _____
Date of Visit: _____

KEY RESULT AREAS	REMARKS
A. REGION/DIVISION PROFILE	
1. Number of Teachers	
2. Number of Non-Teaching Personnel	
B. PROGRAM MANAGEMENT	
3. Date of Tsekap Orientation	
4. Date of submission of masterlist	
5. Assigned Tsekap Coordinator	
6. Number of T&NTP assigned	
7. Number of T&NTP enlisted	
8. Number of T&NTP profiled	
C. PROGRAM IMPLEMENTATION	
9. Name of Tsekap facilities	
10. Flow of Tsekap availment	
11. Reasons for availment	
12. Number of T & NTP availed the Tsekap services	
D. PARTNERSHIP BUILDING	
13. Meetings conducted with LHIO	
14. Meetings conducted with service provider	
E. OTHER ISSUES AND CONCERNS	

POST-VISIT OBSERVATION

Insights on the visit	
Other Concerns	

Accomplished by:

Designation

STATUS OF TSEKAP IMPLEMENTATION

As of _____

Region	Division	Total No. of Teachers and Non-Teaching Personnel	No. of Assigned Members	No. of Enlisted T & NTP	Percentage Enlisted	No. of Profiled T & NTP	Percentage Profiled
VIII	Billiran						
	Leyte						
	Catbalogan City						
	Calbayog City						
	Maasin City						
	Samar						
	E. Samar						
	Tacloban City						
	Ormoc City						
	S. Leyte						
	N. Samar						
	Borongan City						
	Baybay City *						

Note:

Assigned- list of personnel and their preferred service providers were submitted by DepEd to LHIO

Enlisted- Personnel who were validated by the LHIO and certified by their service providers

Profiled- Personnel whose data/health history were taken by the service providers



**Dangerous Drugs Board
Civic Awareness Committee**

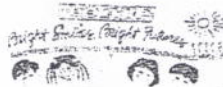
Accomplishment Report
Month _____

Date	Programs / Projects			Beneficiaries	Resources Used	Lead & Partner Agency	Challenges	Recommendations Remarks
	Activity	Venue	Person Responsible					

Submitted by:

REGION MONITORING FORM (Completed by RSD)

Doc Updated 6-27-2012



BRIGHT SMILES, BRIGHT FUTURES PROGRAM
An Oral Health Education Program (2012-2013)

Region Name _____ Name & Signature of Regional Supervising Dentist: _____

Region Address _____ Contact No of RSD (landline / mobile / email) _____

No	Division Name	DIC Name	DIC Contact	No of Grade One Pupils	No of School	No of BSBF Boxes	Date of Received BSBF Boxes	Date of Mailing of Division Monitoring Forms	Complete (YES/NO)	Good Condition (YES/NO)	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
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10											
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Once completed, mail back to Colgate-Palmolive Philippines, Inc. using the accompanying postage-paid envelope. Text us once mailed. Regions who mail this completed form will receive certificate from Colgate Palmolive Philippines, Inc.
THANK YOU!

For inquiries / concerns please call BSBF Monitoring TEAM at 02 7246306 / 0915 4927607 FOR GLOBE / 0929 9724367 FOR SMART or email at bsbf.phils@gmail.com