



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON



21 August 2024

Regional Memorandum
No. 588 s. 2024

**SUBMISSION OF REPORTS FOR THE IMPLEMENTATION OF
RELATED SCHOOL HEALTH PROGRAMS, PROJECTS, AND
ACTIVITIES FOR FY 2024 AND REQUEST FOR VALIDATED
HEALTH-RELATED DATA DURING SY 2022-2023**

To **Schools Division Superintendents**

1. Relative to DM-OUOPS-2024-09-06281¹ and OUOPS No. 2023-06-7518², this Office, through the Education Support Services Division, hereby disseminates the Guidelines on the Submission of Reports on the Implementation of the School Mental Health Program (SMHP) and the Adolescent Reproductive Health (ARH) Projects and Activities.
2. This data gathering aims to update necessary health-related information. In line with this, Schools Division Offices (SDOs) are requested to submit reports related to SMHP and ARH, including utilization of the Program Support Fund (PSF) for FY 2024 and validated health-related data during SY 2022-2023 through this link <https://tinyurl.com/SHRDataCollection>. The deadline for submission is on or before August 23, 2024.
3. For any concerns or clarifications, please contact Pearl Oliveth S. Intia, MD Medical Officer IV at pearl.intia@deped.gov.ph.
4. Immediate dissemination of this Memorandum is desired.


ATTY. ALBERTO T. ESCOBARTE, CESO II
Regional Director 

03/ROE5/JDC

¹ Submission of Reports for the Implementation of Related School Health Programs, Projects, and Activities for FY 2024

² Request for Validated Health-Related Data During SY 2022-2023



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Republic of the Philippines
Department of Education
OPERATIONS

OUOPS No. 2023-~~00~~- 758 ✓

MEMORANDUM

TO : **REGIONAL DIRECTORS AND BARMM EDUCATION MINISTER
SCHOOLS DIVISION SUPERINTENDENTS**

FROM : 
Atty. REVSEE A. ESCOBEDO
Undersecretary for Operations


Dr. DEXTER A. GALBAN
Assistant Secretary

SUBJECT : **REQUEST FOR VALIDATED HEALTH-RELATED DATA
DURING S.Y 2022-2023** (1) ✓

DATE : August 16, 2023

The Office of the Assistant Secretary for Operations, through the School Health Division, seeks to update necessary health-related data that quantify the reach and support the expansion of DepEd's health programs. Hence, the undersigned requests the School Health Field Coordinators to **consolidate validated data that are readily available from the schools division offices by August 24, 2023 (Thursday)**.

✓ The School Health Field Coordinators can access the data collection tool through <https://tinyurl.com/HealRelDat2223>. The guidelines on data collection and validation are also attached as a reference for the field coordinators.

For questions, concerns, or more information, please contact **Ms. Phanny Ramos**, Health Education and Promotion Officer III, or **Ms. Carmella Mergenio**, Technical Assistant II, of the Bureau of Learner Support Services - School Health Division through blss.shd@deped.gov.ph (cc: arh@deped.gov.ph | schoolmentalhealth@deped.gov.ph).

For your appropriate and immediate action. Thank you.

Annex A

Guidelines on Data Collection and Validation of Specific Health-Related Data for S.Y. 2022-2023

The Office of the Assistant Secretary for Operations (OASOPS) is pushing forward for strengthened support to the Learner Support Programs, Projects, and Activities (PPAs) by securing sufficient budget allocation consequently improving the existing health programs of DepEd for the learners.

In preparation for the upcoming budget hearing, the Office of the Assistant Secretary for Operations (OASOPS) through the Bureau of Learner Support Services - School Health Division (BLSS-SHD) shall be collecting specific data on medical, dental and nursing services (MDNS); adolescent reproductive health (ARH); and mental health (MH). Accordingly, the Schools Division Office (SDO) Coordinators shall only consolidate validated data that are readily available for S.Y. 2022-2023. Note that there is no need to contact and follow up with the schools to collect additional data. The data to be reported through the form provided here should be previously gathered from or submitted by schools and was organized, managed, and consolidated by the Schools Division Offices.

I. Use of the Data Collection Tool

The data collection tool can be accessed at <https://tinyurl.com/HealRelDat222>. The tool aims to expedite the data collection process from field offices and to ensure that only validated data are collected. Considering the requested health-related data, the tool shall have four sections: a) SDO Information; b) MDNS Information; c) ARH Data and Information, and d) Suicide-Related Information.

A. SDO Information

This section shall gather data on the encoders, their positions, their SDOs, and their regions. This section shall help the BLSS-SHD to locate the origin of the data and identify the encoder for questions, concerns, or clarifications.

B. MDNS Information

This section shall gather information on the regional and SDO coordinators for the national vision screening program and the deworming program. Previously consolidated data by the SDOs on the implementation of the deworming program for SY 2022-2023 will also be solicited. When encoding, consider only the validated reports adherent to Section III (A) of these guidelines.

C. ARH Data and Information

This section shall collect information on the following:

- a. provision of Weekly Iron Folic Acid to female learners during SY 2019-2020 and SY 2022-2023,
- b. functionality of teen centers,
- c. reported teenage pregnancy and impregnation cases,
- d. establishment of referral mechanisms,
- e. help-seeking behavior of learners on sex education or sexual health,
- f. reported abortion cases, and
- g. presence of school reintegration activities for learners who dropped out of school due to pregnancy or childbirth. Enumerate the existing school reintegration activities should there be any.

When encoding, consider only the reported cases with supporting documentation as enumerated in Section III (B) of these guidelines.

D. Suicide-Related Information

This section shall collect the data on the following:

- a. number of learners who were reported to have attempted suicide at least once during SY 2022-2023; and
- b. number of learners who were reported to have committed suicide during SY 2022-2023.

Attempted suicide is defined as self-harm or self-directed injurious behavior with any intent to end one's life but did not die as a result of the behavior. Suicide is defined as death caused by self-directed injurious behavior with the intent to die as a result of the behavior. When encoding suicide-related data, consider only the reported cases with supporting documentation as enumerated in Section III (C) of these guidelines.

II. Data Collection

The SDO Coordinators shall fill out the form accurately and completely. There is no need to attach supporting documents that may be needed for data validation. Non-attachment of supporting documents ensures the confidentiality of the sensitive data and information involved in the cases and the anonymity or privacy of the learners.

The roles and responsibilities of key DepEd offices and personnel are as follows:

- a. Central Office (BLSS-SHD)
 - i. Develop the data collection tool;
 - ii. Consolidate and analyze the gathered validated data; and
 - iii. Prepare the report on health-related data.
- b. Regional Office (Regional School Health Coordinators)
 - i. Assist the BLSS-SHD in disseminating the data collection tool to the schools division coordinators;
 - ii. Act as liaison between the BLSS-SHD and schools division offices; and
 - iii. Fill out the data collection tool, specifically the designation of regional coordinators for certain school health programs.
- c. Schools Division Office (SDO School Health Coordinators)
 - i. Collect the requested health-related data that are readily available at the schools division offices;
 - ii. Validate the collected data; and
 - iii. Fill out the data collection tool completely and accurately.

III. Data Validation

Data validation is imperative to ensure the accuracy of the collected data, especially considering the sensitive nature of health-related information. With this, Schools Division Office ARH and MH coordinators should ensure the following considerations of data validity:

A. MDNS Information

Data on MDNS should only be encoded if the reports are validated by the SDO Coordinator or Medical Officer, with recommending approval of the School

Governance Operations Division (SGOD) Chief, and approved by the Schools Division Superintendent (SDS).

B. ARH Data and Information

Data on ARH shall only be encoded if the following standards for validity are met:

- a. Provision of Weekly Iron Folic Acid (WIFA) to female learners should be validated by SDO ARH Coordinator or Medical Officer, with recommending approval of the SGOD Chief, and approved by the SDS.
- b. The functionality of teen centers should be validated by SDO ARH Coordinator or Medical Officer, with recommending approval of the SGOD Chief, and approved by the SDS.
- c. Reported teenage pregnancy and impregnation cases should be validated by SDO ARH Coordinator or Medical Officer, with recommending approval of the SGOD Chief, and approved by the SDS.
- d. Established referral mechanisms should have referral pathways or process flow approved by the school head or the SDS; or have signed memorandum of agreement (MOA) or memorandum of understanding (MOU) with LGUs or other partners.
- e. The reported number of learners who sought advice on sex education or sexual health, and the reported abortion cases should be validated by the SDO ARH Coordinator or Medical Officer, with recommending approval of the SGOD Chief, and approved by the SDS.
- f. The presence of school reintegration activities for learners who dropped out of school due to pregnancy or childbirth should be validated by the SDO ARH Coordinator or Medical Officer, with recommending approval of the SGOD Chief, and approved by the SDS.

C. Suicide-Related Information

Data on attempted and committed suicide cases shall only be counted if there are supporting documents such as:

- a. Police reports
- b. Case notes prepared or conformed by registered guidance counselors or social workers,
- c. Psychological reports prepared by registered psychometricians or psychologists, and noted by psychologists, or
- d. Incident reports prepared by school coordinators and reviewed by school heads.



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OFFICE OF THE UNDERSECRETARY FOR OPERATIONS

MEMORANDUM

DM-OUOPS-2024-09-06281

TO : **REGIONAL DIRECTORS
ESSD AND SGOD CHIEFS
SCHOOLS DIVISION SUPERINTENDENTS
REGIONAL AND DIVISION SCHOOL MENTAL HEALTH AND
ADOLESCENT REPRODUCTIVE PROGRAMS COORDINATORS
ALL OTHER CONCERNED**

FROM : **ATTY. REVSEE A. ESCOBEDO**
Undersecretary for Operations

SUBJECT : **SUBMISSION OF REPORTS FOR THE IMPLEMENTATION OF
RELATED SCHOOL HEALTH PROGRAMS, PROJECTS AND
ACTIVITIES FOR FY 2024**

DATE : August 6, 2024

This Office, through the Bureau of Learner Support Services - School Health Division (BLSS-SHD), acknowledges the importance of proper monitoring and evaluation (M&E) mechanisms to strengthen the implementation and ensure the sustainability of the School Health Program (SMHP) and Adolescent Reproductive Health (ARH) Program.

In line with the **OUOPS Memorandum** dated March 8, 2024 titled *Implementing Guidelines on the Allocation, Utilization, Documentation, and Reporting of the PSF for the Field Implementation of the SMHP for FY 2024, Including the Guidelines on the Hiring of TAs Under CoS for the Program* (Enclosed), the BLSS-SHD hereby **issues the enclosed Guidelines on the Submission of Reports on the Implementation of the School Mental Health Program (SMHP) and the Adolescent Reproductive Health (ARH) Projects and Activities** (Annex A). This guideline aims to provide specific information regarding the purposes of reporting, the steps in submitting reports, the schedules of reporting, the roles and responsibilities of significant DepEd field offices, and the templates for reporting. This reporting mechanism ensures proper monitoring of the implementation and further development of the programs.

Relevant to submitting the first rounds of reports, all Regional Offices, in coordination with their Schools Division Offices, are **requested to submit their mid-year reports on the implementation of the SMHP and ARH, and utilization of the PSF on August 23, 2024.**

For more information, questions, concerns, or need for technical support, please contact **Amina Aisa Boncales**, *Technical Assistant II* through email at blss.shd@deped.gov.ph, cc: schoolmentalhealth@deped.gov.ph.

[BLSS-SHD/ARH]



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Annex A

Guidelines on the Submission of Reports on the Implementation of the School Health Programs, Projects, and Activities

A. Background and Purpose

Pursuant to DepEd's mandate under various health-related laws and policies, the **Bureau of Learner Support Services – School Health Division (BLSS-SHD)** is strengthening its efforts to ensure the health and wellbeing of learners. Among these efforts is the downloading of Program Support Funds (PSF) to Regional Offices (ROs) to support the field's implementation of projects, activities, and other initiatives related to school health.

BLSS-SHD acknowledges the importance of proper monitoring and evaluation (M&E) mechanisms to strengthen the school health's implementation and ensure its sustainability as well as continuous development. Hence, these guidelines are issued to ensure the effective use of fiscal resources by:

- Providing clear steps on the reporting of the utilization funds, achievements, and conduct of related activities;
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- Setting timely schedules for reporting;
- Properly designating roles and responsibilities for completing and submitting reports; and
- Setting standard reporting forms.

B. Use of the Reporting Forms

To comprehensively and properly monitor utilization, accomplishments, and achievements, there shall be four (4) templates for reporting: 1) Fund Utilization Forms, 2) Activity Monitoring Forms, 3) Accomplishment Report, and 4) Related Health Cases and Services. Below are the details of the reporting templates which can be accessed here <https://tinyurl.com/SHDFY2024Reporting>. ✓

- A. **PSF Utilization Forms.** Gathers specific financial information regarding projects or activities implemented or conducted. It has the following sections:
- a. Program, Project, and Activities Information. Basic information regarding the PPAs implemented or conducted.
 - b. Physical Accomplishments. Number of outputs produced in relation to the committed PPA.
 - c. Financial Accomplishments. Status of funds allocated for each PPA committed.

- B. **Activity Monitoring Forms.** Gathers specific information on accomplishment of specific indicators for the PPAs committed. Different SHD Flagship Programs have different indicators based on their target PPA outcomes. Sheets in this form cover the various target areas of the SHD Flagship Programs. For a reference on the various target areas and allowable activities refer to the enclosed PSF Guidelines for the different School Health Programs. Specific for the SMHP, refer to Annex A for a description of the target areas or program components relevant to the program's targets. Each Sheet has the following sections:

- a. Conducting Office. Field office – Regional Office or specific School



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- Division Office – that implemented or conducted the PPA.
- b. Activity Information. Basic information regarding the PPAs implemented or conducted.
 - c. Accomplishments. Number of indicators met, or outputs produced, in relation to the PPA implemented or conducted.

C. **Accomplishment Report.** Presents summary of financial accomplishments; physical accomplishments; challenges, solutions, and support needed; and relevant activity photos and testimonials, if available, for easier reference and presentation to reporting sessions.

D. **Health Related Cases and Services.** Gathers quantitative data on the different school health-related services facilitated or delivered as well as significant related health cases. These cases and services are expected to have been validated during either reporting of the cases and conduct or implementation of service delivery or facilitation. For a quick reference on the process of validation of health-related data refer to OUOPS Memorandum No. 2023-06-7518 entitled *Request for Validated Health-related Data for S.Y. 2022-2023* (enclosed).

C. Submitting Reports

To ensure proper reporting of PSF utilization the following steps are expected to be taken by appropriate field offices.

1. Prepare and complete the reports in coordination with the Chief of the Education Support Services Division (ESSD) or the School Governance and Operations Division (SGOD) and the office's Budget Officer.
2. Secure both an editable soft copy and a hard copy for each report.
3. Have the hard copies of the reports signed by the Regional Director or Schools Division Superintendent. Scan the signed copies and submit it with the editable softcopy through email at blss.shd@deped.gov.ph cc: schoolmentalhealth@deped.gov.ph, arh@deped.gov.ph, amina.boncales@deped.gov.ph, phanny.ramos001@deped.gov.ph with subject "Region [Number]_PSF Utilization, Achievement Reports, and Health-related Data"

D. Schedule of Reporting

To ensure timely integration of the PSF utilization and achievements with the Central Office's implementation review and other reporting needs, the consolidated and signed reports are expected to be submitted to the Central Office quarterly.

E. Roles and Responsibilities

1. **Schools Division Office.** The SGOD in collaboration with Medical Offices and relevant School Health Program Coordinators shall:
 - Monitor the school health-related projects and/or activities implemented or conducted in the SDO and its schools with the use of the PSF;
 - Prepare a consolidated report from monitoring activities and have the consolidated report signed by the School Division Superintendent; and
 - Submit the consolidated and signed Division Report to the RO.



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2. **Regional Office.** The ESSD in collaboration with the Medical Officers and relevant School Health Program Coordinators, shall:
 - Validate the consolidated reports submitted by the SDOs and provide technical assistance as needed in completing SDO reports;
 - Consolidate the submitted SDO reports and monitored RO conducted or implemented activities or projects;
 - Analyze consolidated reports and draft Regional Reports; and
 - Submit the consolidated and signed Regional Report to the CO

3. **Central Office.** The BLSS-SHD shall:
 - Collaborate and coordinate with field offices for feedback and further technical assistance on report completion and submission;
 - Consolidate and analyze national reports;
 - Draft PSF utilization and achievement reports, and submit to the ExeCom for approval, and disseminate to relevant stakeholders (e.g., other relevant NGAs and NGOs, field offices); and
 - Use results for program review and policy development.

Annex B

School Mental Health Program Components

The BLSS-SHD categorized various school mental health projects and activities in line with international standards and frameworks on the promotion of mental health and well-being in schools¹². These projects and activities shall be targeted to and for learners through the collaborative work of the RO, SDO, and schools. PSF shall be used to implement the projects and activities in line with these components of the SMHP.

- A. **Mental Health Promotion.** Projects and activities on Mental Health Promotion aim to develop key knowledge, skills, competencies, and attitudes (i.e., mental health literacy, socioemotional skills, help-seeking behavior, social connectedness, and overall resilience among others) of learners that contribute to strengthening their mental health and well-being. Generally, such projects and activities may include, but are not limited to 1) implementation of policies that protect learners from the risks of mental health concerns, harm, and discrimination; 2) integration of mental health into school activities, plans and the curriculum; 3) implementation or conduct of campaigns to increase mental health awareness; and 4) engaging relevant stakeholders and the community in addressing harmful norms. Specifically, in the school setting this may include, but are not limited to the following activities:
- a. Conducting co- and extra-curricular activities on mental health e.g., annual observances on national mental health week;
 - b. Ensuring mental health-friendly physical and social school environments (e.g. posting school posters related to mental health and well-being, having designated walls or corners for mental health and well-being, providing access to designated mental health spaces, designating spaces for that promote healthy social interaction or personal space, providing access to mental health resources and supportive adults, and other such similar initiatives);
 - c. Encouraging and supporting learner-led initiatives such as clubs and peer navigation and support;
 - d. Conducting or implementing activities or projects geared towards enhancing socio-emotional skills, increasing mental health literacy, encouraging help-seeking behaviors, and raising awareness on the mental health risks brought by stigmatization of mental health issues and awareness on proper facilitation of for, and interaction with, persons diagnosed with mental health conditions; and
 - e. Development or dissemination of social behavioral change communication (SBCC) materials and resources.
- B. **Mental Health Screening and Assessment.** Projects and activities on Mental Health Screening and Assessment aim to properly identify the mental health risks and needs of learners for facilitation and provision of appropriate MHPSS. Specifically, Mental Health Screening shall be conducted school-wide and it aims to determine which learners are at-risk or high-risk for mental health conditions for facilitation of appropriate MHPSS. On the other hand, Comprehensive Mental Health Assessment shall be conducted individually in line with the results of the Mental Health Screening and aims to identify the more specific mental health needs of identified learners for further specialized mental health support. Activities related to both screening and comprehensive assessment includes, but

are not limited to:

- a. Securing assessment materials (including consent forms among other materials required for ethical conduct of screening and assessment);
 - b. Orienting or capacitating testing administrators or facilitators;
 - c. Orienting learners on testing activities;
 - d. Ensuring availability of testing spaces in schools;
 - e. Ensuring established referral mechanisms and linkages;
 - f. Ensuring mechanisms for proper information and data management; and
 - g. Other such related activities to conduct screening and assessment.
- C. **Mental Health Intervention.** Projects and activities on Mental Health Intervention aim to facilitate access to appropriate MHPSS to address learners' mental health needs accordingly. These interventions shall be based on the MHPSS interventions framework³⁴. In line with the mandate of DepEd in RA11036 (*Mental Health Act*) these interventions shall include:
- a. Provision of immediate mental health intervention such as psychological first aid (PFA), mental health first aid (MHFA) and psychosocial support (PSS);
 - b. Counseling services, including but not limited to individual or group counseling, and psychoeducation; and
 - c. Referral to a mental health professional or specialist for further mental healthcare (i.e., psychotherapy).
- D. **Mental Health Crisis Response and Management (MHCRM).** Projects and activities on Mental Health Crisis Response and Management aims to immediately facilitate or provide MHPSS to address the mental health needs of learners experiencing mental health crisis (i.e., acute stress reactions to impact of disasters and/or emergencies, suicidal behaviors, common mental health symptoms and conditions brought by experience of violence, among others). Related activities include but are not limited to:
- a. Conduct of intake interviews or mental health risk assessments;
 - b. Facilitation and/or provision of Psychological First Aid, or Mental Health First Aid, or Psychosocial Support;
 - c. Referral to the nearest mental health professional or facilities; and
 - d. Other related activities related to the management and mobilization of resources for MHPSS facilitation and/or provision, and monitoring implementation of MHCRM-related activities.
- E. **Referral System.** Projects and activities related to the establishment of referral systems aim to strengthen mechanisms and resources on MHPSS for the proper referral of learners with mental health needs. These projects and activities include but are not limited to:
- a. Ensuring availability of mental health professionals to provide MHPSS either in schools through the Guidance and Counseling Office or School Clinic, or through external service providers such as Inclusive Learning Resource Centers, external mental health service providers, local or community clinics, community leaders, Local Government Unit linkages, and other regional or division office of appropriate government agencies, among others;
 - b. Development of referral plans in schools; and
 - c. Other related activities on establishing referral mechanisms for MHPSS in schools.

F. **Enabling System.** Projects and activities on Enabling System aims to ensure the strengthened implementation of the various components of the School Mental Health Program through focus on 1) Human Resources; 2) Partnerships), and 3) Information, Research, and Knowledge Management. Specifically, these activities include the following but are not limited to:

- a. Human Resources
 - i. Ensuring presence of at least one (1) SMHP Coordinator in field offices and schools to manage and monitor the implementation of the SMHP.
 - ii. Facilitating or providing capacity building opportunities for relevant personnel involved in the implementation of the various components of the SMHP.
- b. Partnerships
 - i. Engaging with other government agencies, Non-Government Organizations (NGOs), Local Government Units (LGUs), local community leaders, private sector groups, and other such relevant stakeholders for the following purposes:
 1. Outsourcing of Mental Health service providers for learners;
 2. Establishing community linkages for the referral system;
 3. Establishing technological infrastructure for the creation of mental health related digital platforms for learners;
 4. Resource persons for capacity building and workshops to increase DepEd personnel mental health literacy and awareness;
 5. Conduct of mental health assessment for learners;
 6. Collaboration in research that aid in ensuring that initiatives under this order are evidence-based and data-driven; and
 7. Other such purposes that are deemed relevant for the implementation of the various components of the SMHP.
- c. Information, Research, and Knowledge Management
 - i. Participating in research activities led by the Central Office or relevant partners;
 - ii. Conducting relevant research related to the state of mental health of learners, mental health promotion in schools, and basic mental health service facilitation and/or delivery;
 - iii. Conducting monitoring and evaluation related activities on the implementation of SMHP;
 - iv. Establishing data management mechanisms or systems; and
 - v. Other activities related to the establishment or development of data-driven and evidence-based approaches to mental health promotion.