

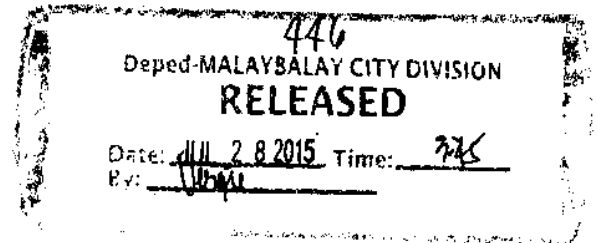


Department of Education
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY
Purok 6, Casisang Malaybalay City



July 27, 2015


DIVISION MEMORANDUM
No. *262* s. 2015



To: Chief Education Supervisors CID and SGOD
Education Program Supervisors
Public Schools District Supervisors
Senior/Education Program Specialists
Elementary /Secondary School Heads
All Others Concerned
This Division

IMPLEMENTING GUIDELINES ON NATIONAL SCHOOL DEWORMING DAY

1. To manifest support to the upcoming **NATIONAL SCHOOL DEWORMING DAY** on July 29, 2015, everyone is enjoined to ensure the successful implementation of this major effort at improving health care service delivery in collaboration with the Department of Health. This one-day activity aims to increase mass drug administration coverage among learners in all public schools, please refer to enclosure on **DepED Memorandum No.80, s. 2015, re: GUIDELINES ON THE IMPLEMENTATION OF NATIONAL SCHOOL DEWORMING DAY (NSDD)**.
2. **It is advised that the simultaneous mass drug administration will start at 10:00 o'clock in the morning or after recess on July 29, 2015. The deworming drug shall be given only with parents' consent (NSDD Notification form) and on full stomach. Moreover, additional NSDD record and reports to be accomplished may be downloaded at the Division website, to be submitted for consolidation by the District /Division nurses on or before August 7, 2015.**
3. Widest dissemination and compliance is desired.


EDILBERTO L. OPLENARIA, CESO VI
Schools Division Superintendent



Republic of the Philippines
Department of Education

24 JUL 2015

DepEd MEMORANDUM
No. **80**, s. 2015

**GUIDELINES ON THE IMPLEMENTATION OF THE NATIONAL
SCHOOL DEWORMING DAY (NSDD)**

To: Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
Heads, Public Elementary Schools
All Others Concerned

1. The Department of Health (DOH), in partnership with the Department of Education (DepEd) through the Health and Nutrition Center (HNC), will conduct the **National School Deworming Day (NSDD)** on July 29, 2015.
2. The NSDD aims to deworm approximately 16 million school-aged children enrolled in all public elementary schools in one day, to reduce the burden of Soil Transmitted Helminthiasis (STH) infections with a positive impact on children's education and health.
3. In support of this nationwide activity, the DepEd hereby issues the enclosed **Guidelines on the Implementation of the NSDD**.
4. All regional directors, schools division superintendents and school heads are encouraged to ensure the successful implementation of this activity. The DepEd and DOH health personnel and local government units (LGUs) will join efforts to achieve NSDD's goal.
5. For more information, all concerned may contact **Mr. Edgardo Erce**, National Deworming Coordinator, Department of Health (DOH), Sta. Cruz, Manila at mobile phone no.: 0999-789-1400 or **Ms. Loida B. Ramos**, Supervising Health Program Officer, Health and Nutrition Center (HNC), Department of Education Central Office (DepEd CO), Dorm E, 5th Floor, DepEd Complex, Meralco Avenue, Pasig City at mobile phone no.: 0923-563-1583.
6. Immediate dissemination of this Memorandum is desired.


BR. ARMIN A. LUISTRO FSC
Secretary

Encl.: As stated
Reference: None
To be indicated in the Perpetual Index
under the following subjects:

HEALTH EDUCATION
PROGRAMS

PUPILS
SCHOOLS

D-MCR/DM-Guidelines on the Implementation of the National School Deworming Day
0329/June 5, 2015/7-23

GUIDELINES ON THE IMPLEMENTATION OF THE NATIONAL SCHOOL DEWORMING DAY

I. BACKGROUND

Soil-transmitted helminthiasis (STH) or intestinal worms can cause poor physical growth, poor intellectual development, and impaired cognitive functions in children. The consequences of chronic worm infections are widespread and devastating and can result to anemia and malnutrition not only on children but also in women of child bearing age. The highest intensity of infection has been documented among children aged 1 to 12 years old. Pre-school aged children (1-4 years old) suffer the greatest morbidity, while school-aged children (5-12 years old) harbour the greatest load of infection.

STH affects all 81 provinces in the country. Baseline data for STH in the Philippines was 65% among the 6 to 14 years old (UP-CPH, 2003). Another study jointly conducted by DOH, UNICEF and UP-CPH in the following year (2004) showed a prevalence rate of 66% among children aged 1 to 5 years old. Given the relatively high prevalence of STH infections among children in the country, the Integrated Helminth Control Program (IHCP) was established by the DOH and DepEd to implement deworming, together with WASH (Water, Sanitation and Hygiene), behavior change and advocacy interventions.

WHO documents based on several studies have shown the detrimental effects of STH on the educational performance and school attendance of children but noted significant improvements in language and memory development following treatment. Therefore, mass deworming is being utilized by the government as one of the major strategies to reduce the burden of helminth infections among children aged 1 to 12 years old. The drug of choice for deworming is either Albendazole 400mg or Mebendazole 500mg, administered as single dose twice a year during the scheduled deworming months. Both drugs are known to have excellent safety records with only minimal and transient adverse reactions. These drugs are inexpensive and effective making regular deworming of Filipino children both affordable and sustainable.

Reduction in STH prevalence has been observed in the regions after several years of deworming based on the partial results of the National Parasite Survey (2013) done by the Research Institute for Tropical Medicine (RITM). The preliminary results showed prevalence rates range from 12-38% today, a figure that is lower compared to the baseline data. Furthermore, pilot projects in Regions 6 and 11 (with Mass Drug Administration Coverage in 2014 in both regions of 89%) have proven that single day deworming is feasible and that it improves the efficiency of service delivery among the target population. These are some of the great examples showing the effectiveness of transmission control and reduction of prevalence through deworming.

II. RATIONALE

Recognizing the importance of school health, the World Bank's Human Development Network, Education Department (HDNED) has developed the Systems Approach for Better Education Results (SABER) in 2012 to assess school health and school feeding policy frameworks. Here are some of the assessments in which the framework builds on, using some common references with:

- a. Some of the most common health conditions of school age children affect their education. Malaria and worm infections can reduce enrolment and increase absenteeism;
- b. Hunger and anemia can affect cognition and learning, thus exacerbating the problems of even those children who do go to school;
- c. The pain associated with tooth decay, and the diarrhea and respiratory diseases associated with poor hygiene, may also affect both attendance and learning;
- d. It is estimated that in low income countries, worm infection can make each school age children lose some 3.75 IQ points;
- e. Iron deficiency anemia cause schoolchildren to lose some 6 IQ points per child;
- f. Hunger affects learning and attention: some 66 million schoolchildren go to school hungry; and
- g. All these conditions translate into the equivalent of between 200 million and 500 million days of school lost to ill health in low income countries each year.

The NSDD represents a major effort at improving health care service delivery for all school-aged children enrolled in public elementary schools, and will serve as a prelude to the 2016 Harmonized Schedule and Integrated Mass Drug Administration (HSIMDA) for the prevention, control and treatment of lymphatic filariasis, schistosomiasis and STH. It is anticipated that the NSDD strategy will have a major impact on the recording and reporting of IHCP accomplishments. Results and experiences of the NSDD will help in the implementation of HSIMDA next year. Other interventions, such as WASH, will continue to be advocated.

III. OBJECTIVE

General:

To deworm approximately 15.1 million school-aged children enrolled in all public elementary schools in one (1) day through the NSDD initiative.

Specific:

1. To increase and scale-up the MDA coverage for school-aged children (5-12 years old or Kindergarten to Grade VI) enrolled in public elementary schools.
2. To facilitate and ensure timely reporting of deworming intervention.
3. To promote partnership in all levels in the implementation of deworming for school-aged children enrolled in public elementary schools.

IV. SCOPE AND COVERAGE

The NSDD is a nationwide effort targeting all 5 to 12 years old (Kindergarten to Grade VI) children enrolled in public elementary schools. School-aged children enrolled in private schools and children who are not enrolled are encouraged to participate. Private schools that intend to join the NSDD activity are enjoined to coordinate with DepEd Regional Office for allotment of deworming medicines. Children not enrolled in schools can get support from the local health center.

V. DEFINITION OF TERMS

1. **Albendazole** – the drug of choice for the control, prevention, and treatment of helminth infections.
2. **Deworming** – the administration of albendazole (or mebendazole), without prior diagnosis of current infection, to control and treat intestinal helminth infections such as hookworm, *Ascaris*, and *Trichuris*.
3. **Eligible Population** – a group of individuals qualified for deworming. Specifically, these are all children from 1 to 12 years old. However, for the purpose of NSDD, the target population of the single day deworming will be all children aged 5-12 years old or Kindergarten to Grade VI enrolled in public elementary schools.
4. **Endemic** – refers to the constant presence of a disease within a given geographic area.
5. **Mass Drug Administration (MDA)** – a strategy to provide deworming drugs to the eligible population without the requirement of prior diagnosis of current infection.
6. **Mass Drug Administration Provider** – a person who administers the deworming drugs. This can be any health personnel from DepEd, DOH or LGU, teacher supervised by a health personnel from the DepEd, DOH, LGUs or volunteer groups (with prior approval from the DOH Regional Office) who have the capacity and background in health, administration of deworming drugs, and management of adverse events.
7. **School-aged children** – defined as children between 5 and 12 years of age who are enrolled in school.
8. **Soil-transmitted helminthiasis (STH)** – an infection caused by nematodes or a sub-group within the group of helminth infections (species). It is caused specifically by helminths transmitted through soil contaminated with fecal matter, and are therefore called soil-transmitted helminths. The main species that infect people are the roundworm (*Ascaris lumbricoides*), the whipworm (*Trichuris trichiura*) and the hookworms (*Necator americanus* and *Ancylostoma duodenale*).
9. **Records** – refers to the NSDD forms used for reflecting the deworming accomplishment.

10. **Reports** – an account given of a particular matter, especially in the form of an official document, after thorough investigation or consideration by the DOH and DepEd Regional Offices.
11. **Evaluation** – a systematic assessment of the outcomes and impact of the NSDD campaign.

VI. GENERAL GUIDELINES

1. NSDD guidelines and protocols set by the DOH-CO in collaboration with the DepEd shall provide direction and serve as a roadmap for all DepEd schools and offices.
2. The DepEd-CO shall:
 - a. establish coordination mechanisms with the DOH, DILG, other government agencies, stakeholders and partners/donors in the implementation of the NSDD; and
 - b. in partnership with DOH, DepEd shall lead the awareness campaign and other initiatives in promoting the NSDD.
3. DepEd-RO shall:
 - a. lead and supervise the conduct of NSDD;
 - b. facilitate information dissemination of the NSDD guidelines to Division IHCP coordinator; and
 - c. coordinate with DOH-RO for appropriate mobilization of health personnel to augment DepEd health personnel.
4. The NSDD shall be done simultaneously in all public elementary schools. One school in every region will serve as venue for the grand launching to be attended by key officials from the DOH-CO, DepEd-CO and DILG/LGUs-CO, as well as other stakeholders/partners. Selection of the school is based on the preference of the NSDD TWG. However, priority must be given to the 43 poorest provinces. The NSDD will be replicated yearly.

VII. SPECIFIC GUIDELINES/ IMPLEMENTING MECHANISMS

1. Pre-implementation

- a. DepEd-RO shall:
 - Facilitate distribution of available Information Education Communication materials provided by DOH-CO and their dissemination to respective districts/divisions;
 - Ensure that all logistic supplies including deworming drugs, supportive drugs and other essential supplies are adequate to cater to all enrolled school aged children in all public elementary schools, in coordination with DOH and LGU counterparts;
 - Accommodate requests for deworming drugs from private schools that wish to participate in the NSDD. DepEd must inform DOH for this special arrangement; and

- Orient MDAP one month before July 29, 2015 (National School Deworming Day). The orientation shall focus on NSDD strategies and procedures including management of possible Serious Adverse Events (SAE).
-
- b. DOH-CO, in coordination with DepEd shall be responsible for the following functions:
 - Develop implementation guidelines for the NSDD and disseminate to all regions and facilitate coordination and networking with partners & potential donors; and
 - Provide technical assistance through orientation/information dissemination.
- c. DepEd Division/Districts/Schools and Rural Health Units shall implement the mass deworming administration in public elementary schools, monitor that activity and evaluate the impact of the NSDD.

2. Implementation

- a. NSDD shall be done in accordance with the **Annex A: MDAP Guide**.
- b. All enrolled children in public elementary schools shall be simultaneously dewormed by the health personnel or teacher in the presence of a health personnel.
- c. School authorities in private schools are also encouraged to simultaneously conduct their own deworming activities.
- d. In school divisions that will cater to far flung or are located in Geographically Isolated Disadvantaged Areas (GIDA), deworming teams are enjoined to finish the campaign within a week inclusive of the mop-up operations. MDAPs must ensure that all children participating in the deworming have full stomach before taking the deworming drug.
- e. In the occurrence of SAE, the teacher or the MDAP should report the incident to the school nurse or any health worker present in the school. If the adverse reaction persists, the child should be referred to a nearby government hospital for further management. All government hospitals shall ensure treatment of any referrals related to mass deworming and report the case to MESU/CESU/PESU/RESU.

Health workers

- DepEd Health personnel
- Nurses and midwives from the Nurse Deployment Program/Rural Health Midwife Placement Program

Frontliners in the MDA

- School Teachers and clinic teachers will administer deworming drugs in the presence of a health personnel
- Members of the Parent Teachers Association (PTA), Barangay Health Workers and Community Health Teams will assist in the deworming

3. Procedural Guidelines

a. Reporting

- Each school shall have one NSDD point person responsible for the collection of reports.
- The prescribed forms were designed for a paper-based reporting system. Forms shall be accomplished by the designated MDAP. **Annex B** contains the summary of the reporting forms and instructions on how to complete them.
- Records and reports of all grade levels shall be collected and submitted to the school principal. The principal shall submit the reports to the Division Office duly noted by the district supervisor for consolidation. The division point person shall collect reports and submit it to DepEd regional point person. Regional point person shall collect all reports of school divisions and submit it to DOH-RO and DepEd-CO. **Annex C** contains the flow chart for reporting.
- Records and reports shall be sent via text message for unofficial reports. Unofficial and partial reports shall be submitted/sent to DOH-CO at 12:00 NN and final report at 6:00 PM on 29 July 2015. Deadline of submission from the different levels to DepEd Regional Office is at 4:00 PM.
- Final/official reports shall be submitted to DOH Regional Office at 5:00 PM and from DOH-RO to DOH-CO and DepEd-CO at 6:00 PM. The final report shall be released by the DOH-CO noted by DepEd-CO at 7:00 PM.
- Final and duly signed records and reports, along with the documentation of program, shall be submitted to DOH-CO/IHCP Team after five (5) working days from the conduct of NSDD.

b. Monitoring

- Monitoring shall be conducted during the pre-implementation, implementation and post-implementation phases. This will entail reviewing data received as scheduled. One of the NSDD strategies in monitoring is the use of **Annex B, Form 7: Rapid Coverage Assessment (RCA)**.
- RCA shall be conducted during and the week after NSDD. The objective is to measure the performance of every school, specifically to: (1) compare the total number of enrolled school-aged children and unenrolled school-aged children; (2) identify schools where there are missed school-aged children; and (3) take immediate action to deworm missed school children. This should include data source.
- The regional, provincial, municipal, and city health office teams shall perform the monitoring. Monitoring shall be done during the NSDD from the start of deworming until the preparation and submission of reports.
- The following procedures shall be observed in monitoring:
 - ✓ Assign monitoring teams per school division. Schedule the time and route of the teams per school. Ensure the presence of at least 1 MDAP Team per school.
 - ✓ Check the trend of the MDA coverage at 12:00 NN and before the cut-off of the NSDD at 4:00 PM.

- ✓ If there is a missed child, immediately communicate with the school principal to inform immediately the class adviser and gather information and reason behind the missed child.
- ✓ If the missed child did not actually get dewormed, he/she is considered true missed learner and must be dewormed immediately.
- SAEs shall also be monitored. Proper management and immediate referral to a hospital shall be carried out by the MDAP point person at the different levels. There are number of SAEs: those caused by the drugs themselves: e.g., an allergic reaction to the drugs and those caused by the parasites degeneration when they are killed: e.g. intestinal blockage.

c. Evaluation

- Evaluation of NSDD shall be done and analyzed by the DOH and DepEd regional offices and DOH IHCP Team.
- The evaluation shall be done according to the following indicators:

Expected output

1. The number of dewormed versus total enrolment, number of schools that participated over total number of schools in the division;
2. The coverage of NSDD; and
3. Problems and corresponding causes identified.

Formula

1. (Number of school children dewormed) / (Total enrolled K to G6 students) X 100;
2. (Number of elementary schools that participated) / (Total number of elementary schools) X 100; and
3. Number of human resources that participated.

Expected output shall be evaluated by the DOH/IHCP Team and DepEd.

Expected outcome: Increase in deworming coverage obtained in the NSDD which shall be evaluated by the DOH /IHCP Team and DepEd.

Impact: Reduction of the prevalence of STH infections that can be proven in future prevalence surveys

VII. ROLES AND RESPONSIBILITIES

A. Department of Health-Central Office (DOH-CO)

1. Leads the conduct of the NSDD on 29 July 2015 (Wednesday), and every January and July thereafter;
2. Formulates guidelines and procedures on the implementation of NSDD and disseminate to DOH Regional Offices;
3. Prepares a Memorandum of Understanding in coordination with DepEd and DILG;
4. Issues memorandum on the implementation of NSDD to all Regional Offices;
5. Conducts national advocacy with partners and other stakeholders;

6. Prepare communication plan, TV advertisement and prototype of IEC Materials, broadcaster's manual, recording and reporting forms and disseminate to DOH Regional Offices;
 7. Invites media to cover the implementation of NSDD;
 8. Develops activity design and orient DOH and DepEd Regional Coordinators;
 9. Procures, allocates and distributes in a timely manner all required deworming drugs per school division copy furnish DOH RO;
 10. Coordinates with the regional counterpart in all phases of NSDD; and
 11. Evaluates output, outcome and impact of NSDD.
- B. Department of Health-Regional Office (DOH-RO)
1. Leads the conduct of the NSDD on 29 July 2015 (Wednesday) at the Regional level, and every January and July thereafter;
 2. Reproduces and disseminates guidelines and procedures on the implementation of NSDD;
 3. Localizes memorandum on the implementation of NSDD to all LGUs (PHO/CHO and MHO);
 4. Conducts regional advocacy and social mobilization for the assistance partners and other potential donors;
 5. Reproduces and disseminates communication plan, tv advertisement and prototype of IEC materials, broadcaster's manual, recording and reporting forms;
 6. Invites media to cover the implementation of NSDD;
 7. Provides orientation to provincial/city health coordinators on activity design;
 8. Procures supportive/supplementary drugs and other logistics needed and monitor the delivery of deworming drugs per school division;
 9. Coordinates with the DILG/LGUs and DepEd regional counterpart in all phases of NSDD;
 10. Monitors the implementation of NSDD and submit coverage results to DOH Central Office/IHCP Team; and
 11. Evaluates output, outcome and impact of NSDD.
- C. Department of Education-Central Office (DepEd-CO)
1. Directs the participation of DepEd regional counterpart in the implementation of NSDD;
 2. Issues memorandum and guidelines on the implementation of NSDD to DepEd regional offices; and
 3. Conducts national advocacy for the assistance partners and other stakeholders.
- D. Department of Education-Regional Office (DepEd-RO)
1. Localizes memorandum on the implementation of NSDD to all divisions and district offices;
 2. Coordinates with DOH regional office in all phases of NSDD;
 3. Conducts regional advocacy for the assistance partners and other stakeholders;
 4. Provides orientation to schools division superintendent on activity design; and
 5. Submits consolidated reports of all school divisions to DOH regional office.
- E. Department of Education-Division/District Office
1. Coordinates with LGUs in all phases of NSDD implementation;

2. Consolidates reports of district offices and submit to DepEd regional office; and
3. Supervises and ensures the smooth conduct of the NSDD.

F. School

1. Assign an NSDD point person;
2. Prepares the masterlist of children to be dewormed;
3. Orients and coordinates with the PTA and other stakeholders in the conduct of the NSDD;
4. Ensures collection of **Annex D**: parent's consent before deworming;
5. Administers the deworming drug through a health personnel or a teacher supervised by a health personnel; and
6. Prepares and submits report.

G. Provincial / City Health Division

1. Coordinates with local partners and potential donors;
2. Disseminates IEC Materials for the implementation of NSDD;
3. Conducts MDAP Orientation;
4. Monitors the delivery of drugs and supplies; and
5. Supports the DepEd division office on the implementation of NSDD.

H. DILG/Local Government Units

1. Coordinates with local partners, potential donors and referred hospitals/responders;
2. Disseminates IEC Materials for the implementation of NSDD;
3. Conducts orientation of schools;
4. Supports schools in the implementation of NSDD thru augmentation of health staff;
5. Monitors the delivery of drugs and supplies;
6. Supports the DepEd district office on the implementation of NSDD; and
7. Conducts RCA to monitor performance of every school during the NSDD.

MASS DEWORMING ADMINISTRATION PROCEDURE (MDAP) GUIDE

1. Pre-deworming

- a. Prepare enrollment list
- b. Ensure availability of deworming and supportive drugs
- c. Be familiar with the following information:

Recommended drug for MDA - The DOH recommends the following drugs for mass treatment:

- Albendazole 400mg chewable, flavoured tablet
- Mebendazole 500mg chewable, flavoured tablet

Precautionary Measures on Mass Deworming

Albendazole or Mebendazole is not recommended if the child:

- is seriously ill ;
- has high fever;
- is experiencing abdominal pain;
- has diarrhea; or
- previously suffered hypersensitivity to the drug.

Serious Adverse Events (SAE) following deworming

MDAP shall ensure that the children will take deworming drugs on **full stomach**.

2. Deworming

- a. Clean drinking water should be available at the school on the treatment day.
- b. Each learner shall receive one table of deworming drug.
- c. The MDAP should ensure that each child chewed and swallowed the tablet.
- d. The names of the children who are absent on NSDD should be recorded by the teacher and these children should be treated when they return to school. Children who are ill on treatment day should not receive drugs. This is not because of any danger of adverse events, but to prevent the potential misperception that the deworming medicine caused the illness. These children should be given the anthelmintic drug later when they are well again.
- e. Ensure all Rural Health Units and hospitals are ready for SAE referrals.
- f. Ensure that the required number of drugs is available.

3. Post-deworming

- The class adviser shall make sure that all children listed in the masterlist were given deworming drugs.
- NSDD point person to collate and submit report (please see **Annex C**).

RECORDING AND REPORTING FORMS

1. How to fill-up the forms.

- Form 1 : Classroom Level** - This form shall be accomplished by the class adviser and to be submitted to grade level chairperson for approval. Name of child and gender must be properly indicated. Essential Health Care Package: hand washing, toothbrushing and feeding are also cited and must be carried out prior to deworming. "Remarks" pertains to reason for not having the child dewormed and if some adverse events occurred, management given is also included.
- Form 2 : School Level Report** - This form shall be accomplished by the school point person, and must be signed by the principal and shall be submitted to the district point person. Total number of enrolled and dewormed children per grade level shall be indicated. "Remarks" pertains to number of children that were not dewormed and reason for such.
- Form 3 : District Level Report** - This form shall be accomplished by the district point person, and must be signed by the district supervisor, and shall be submitted to the division point person. Total number of enrolled and dewormed children per school shall be indicated. "Remarks" pertains to number of schools which have children that were not dewormed and reason(s) for such.
- Form 4 : Division Level Report** - This form shall be accomplished by the division point person, and must be signed by schools division superintendent, and shall be submitted to the regional point person. Total number of enrolled and dewormed children per district shall be indicated. "Remarks" pertains to number districts which have children that were not dewormed and reason(s) for such.
- Form 5 : Regional Level Report** - This form shall be accomplished by the regional point person and must be signed by the regional director. Total number of enrolled and dewormed children per division shall be indicated. "Remarks" pertains to number of divisions which have children that were not dewormed and reason(s) for such. Once approved, the form shall be forwarded to the DOH- Regional Office who shall submit the unofficial and final report to DOH Central Office and furnish copy to DepEd Central Office.
- Form 6 : National Level Report** - This form shall be accomplished by the IHCP Team of the DOH CO. Total number of enrolled and dewormed children per region shall be indicated. "Remarks" pertains to success rate of NSDD, if the MDA coverage is equal or more than 85% of the enrolled children. If lower than 85% measures must be taken to know the reasons why it happened and work for its improvement.
- Form 7 : Rapid Coverage Assessment Form** - This form shall be accomplished by the NSDD point person at all levels to measure the performance of every school, identify schools where there are missed school aged children and take immediate action to deworm them.
- Notification Letter** : This letter shall be signed by the school principal and be given to the parents/guardians of the students during enrolment and returned back to the class adviser ready for the conduct of the health services like deworming.

Form 1 – Classroom Level

National School Deworming Day

Region: _____ Division: _____ District: _____

School ID : _____

Name of School: _____

Enrolment: _____ Grade level and Section: _____

Name of Child	4Ps Beneficiaries		Dewormed		Remarks	Actions Taken
	4Ps	Non-4Ps	4Ps	Non-4Ps		
1.						
2.						
3.						
4.						
5.						
6.						

Accomplished by:

Noted by:

Class Adviser

Grade Level Chairman

Date Accomplished: _____

Form 2 – School Level

National School Deworming Day

Region: _____ Division: _____ District: _____

School ID : _____

Name of School: _____

Grade Level	Enrolment		No. of Children Dewormed		Remarks
	4Ps	Non 4Ps	4Ps	Non 4Ps	
Kinder					
Grade 1					
Grade 2					
Grade 3					
Grade 4					
Grade 5					
Grade 6					
Total					

Accomplished by:

Noted by:

School Principal

District Supervisor

Date Accomplished: _____

Form 3 – District Level

National School Deworming Day

Region: _____

Division: _____

District: _____

School ID	School Name	Enrolment		No. of children Dewormed		Remarks
		4Ps	Non 4Ps	4Ps	Non 4Ps	
	Total					

Accomplished and Submitted by:

Approved by:

District Point Person

District Supervisor

Date Accomplished: _____

Form 4 – Division Level

National School Deworming Day

Region: _____

Division: _____

District	Enrolment	No. of children Dewormed	Remarks
Total			

Accomplished and Submitted by:

Approved by:

Division Point Person

Schools Division Superintendent

Date Accomplished: _____

Form 5 – Regional Level

National School Deworming Day

Region _____

Division	Enrolment	No. of Students Dewormed	Remarks
Total			

Accomplished and Submitted by:

Approved by:

Regional Point Person

Regional Director

Date Accomplished: _____

National School Deworming Day

Region	Partial/unofficial (as of _____)		Final/Official		Percentage (%) based on final report	Remarks
	Enrolment	Dewormed	Enrolment	Dewormed		

Accomplished by:

Approved by:

National Program Manager

Head of Office

Date Accomplished: _____

Form7 – Rapid Coverage Assessment (RCA)

National School Deworming Day

Region: _____ Date: _____

Division: _____ District: _____

Location (Municipality, Province): _____

No.	Name of School	4Ps Dewormed		Non 4Ps Dewormed		Reasons for Non- Coverage
		YES	NO	YES	NO	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Accomplished by: _____