



Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

DM 2023-10-466
DEPED MALAYBALAY CITY DIVISION
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BY: _____

DIVISION MEMORANDUM

No. 466, s. 2023

TO: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Elementary and Secondary School Heads
All Others Concerned

FROM:  **CHERRY MAE L. LIMBACO-REYES**
Schools Division Superintendent

DATE: October 26, 2023

SUBJECT: **SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL
EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM
AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)**

1. For the information and guidance of all concerned, this Office hereby disseminates the attached Regional Memorandum No. 0637, s. 2023, dated October 23, 2023 re: Submission of Accomplishment Report of National Education Program (NDEP), Wash in School (WINS) Program and School Dental Health Care Program (SDHCP).
2. Shall there be queries, contact **MARIA SARLINE R. OPENIANO-FLORES, MD**, Medical Officer III, through **09171245306**.
3. Widest dissemination of this memorandum is desired.

Encl.:
As stated

Copy Furnished:
SGOD-School Health Unit
Records Unit



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City
Telefax No.: 088-314-0094; Telephone No.: 088-813-1246
Email Address: malaybalay.city@deped.gov.ph

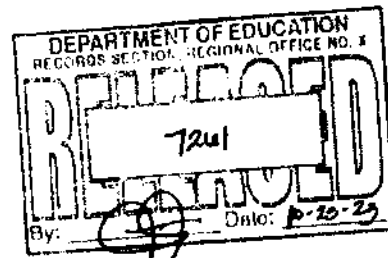


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Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO



October 23, 2023

REGIONAL MEMORANDUM
No. 0637, s. 2023

**SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL DRUG
EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM
AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)**

To: Schools Division Superintendents
Assistant Schools Division Superintendents
Chief, School Governance Operation Division
NDEP/WinS/SDHCP Division Coordinators
All Others Concerned

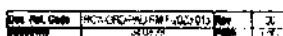
1. Following **DepEd Order No. 12, s. 2009** titled **Strengthening the National Drug Education Program (NDEP)**, **DepEd Order No. 10, s. 2016** titled **Policy and Guidelines for the Comprehensive Water, Sanitation, and Hygiene in Schools (WinS) Program**, and **DepEd Order No. 041, s. 2020** titled **Guidelines on the Implementation of the School Dental Health Care Program (SDHCP)**, this Office, through the Health and Nutrition Section – Education Support Services (HNS-ESSD), reiterates the importance of monitoring and evaluation to improve the implementation of the three flagship programs of Oplan Kalusugan sa DepEd (OKD). Hence, the Schools Division Offices (SDOs) shall submit their **NDEP, WinS, and SDHCP Accomplishment Reports** on or before November 10.

2. The collection of reports aims to

- a. evaluate the extent and status of the implementation of OKD flagship programs,
- b. identify the bottlenecks in the implementation as the basis for providing technical assistance to the program holders,
- c. recognize the best practices that may improve the delivery of health programs to learners and replicate them in other schools, and
- d. recognize the outstanding implementers of OKD programs.



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3. The identified schools shall submit the following documents:

	NDEP National Drug Education Program	WinS WaSH in School Program	SDHCP School Dental Health Care Program
1. Qualified school to submit report	The schools (<i>elementary or secondary</i>) that consistently submitted monthly NDEP accomplishment reports to the SDO and RO for the past two years	The validated schools with the WinS National Standard rating of 3 stars for three consecutive years	The SDHCP Clinic has exceptional sustainable services, functionality, and best practices as endorsed by the divisions
2. Number of entries per SDO	Only one entry per SDO	Schools with Three Stars rating for three consecutive years.	Only one entry per SDO
3. The basis for the entry to be submitted to the RO	The best implementer school based on the provided criteria in Attachment No. 1	The validated Three Stars rating School in the WinS Online Monitoring System (OMS)	The best SDHCP clinic based on the provided guidelines in Attachment No. 2
4. Monitoring and validation in charge	Division NDEP Coordinator, alternate, and Medical Officer/SHS-in-Charge	Division WinS Coordinator, alternate, and Medical Officer/SHS-in-Charge	Division SDHCP Coordinator, alternate, and Medical Officer/SHS-in-Charge
5. Documents to be submitted to RO	Signed scoresheet and MOVs	A photocopy of the Online Monitoring System (OMS) rating for three consecutive years	Signed scoresheet and MOVs

5. As school health personnel, the divisions' medical officers, dentists, and nurses are encouraged to submit documents in accomplishing the milestone accomplishment to be recognized for outstanding performance as provided in Attachment No. 3.

6. Monitoring and validation results of NDEP, WinS, SDHCP, and entries of medical officers, dentists, and nurses shall be submitted **on or before November 15** with the signed endorsement from the schools division superintendents as per Attachment No. 4.

7. For more information, contact Dr. Rey Ignacio B. Cagang, regional coordinator – NDEP/WinS/SDHCP, Health and Nutrition Section - Education Support Services Division – (HNS-ESSD) at 0956-608-0056.

8. This Office directs the immediate and wide dissemination of this Memorandum.

DR. ARTURO B. BAYOCOT, CESO III
Regional Director

~~FR~~
DR. FEDERICO P. MARTIN, CESO V
Assistant Regional Director
Officer-in-Charge
Office of the Regional Director

ATCH.: As stated

To be indicated in the Perpetual Index
under the following subjects:

NDEP/WinS/SDHCP MEETING

RE: Submission of Accomplishment Report of National
Drug Education Program (NDEP), Wash in School
(Wins) Program, and School Dental Health Care
Program (SDHCP)

ESSD/nbc

SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL DRUG EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)

Criteria for the Outstanding NDEP Implementers

CRITERIA	WEIGHT	SCORE
I. Demonstrates the school's level of engagement and interest in implementing drug education programs effectively.		
A. Schoolwide implementation	10%	
B. Community involvement	5%	
II. Assesses the quality of the school based on predefined criteria such as the following:		
A. Comprehensiveness and effectiveness of the drug education programs	10%	
B. Innovative approaches	5%	
III. Demonstrates the students' level of engagement in drug education activities within the school, which can be evaluated through surveys, feedback, and participation rates in drug education initiatives, workshops, or awareness campaigns.	10%	
IV. Evaluates the extent to which the school provides appropriate training and support to school administrators and teachers involved in drug education programs.		
A. Number of school administrators and teachers trained	5%	
B. Professional development opportunities offered	5%	
V. Assesses the school's collaboration and partnerships with the external stakeholders, which can be demonstrated by the school's ability to foster a comprehensive and holistic approach to drug education.		
A. Parents	5%	
B. Community / Non-Government Organizations	5%	
C. Law enforcement agencies	5%	
D. Local health authorities	5%	
VI. Measures the impact of the school's drug education programs on reducing drug-related incidents within the school community, which may include tracking the number of reported incidents, disciplinary actions taken, and changes in student behavior related to drug use.	10%	
VII. Evaluates the sustainability of the drug education programs implemented by the school such as the following:		
A. Integration of drug education into the school curriculum as stated in DepEd Order No. 30, s. 2018	10%	
B. Long-term planning/inclusion in the School Improvement Plan	5%	
C. Establishment of systems to ensure program continuity beyond the duration of the search	5%	
TOTAL	100%	

SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL DRUG
EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM
AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)

SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)

Established Functional Clinics

MONITORING FORM

Division: _____

Date: _____

School: _____

Clinic-in-Charge: _____

CLINIC AMENITIES		
Indicators	Findings	Specify your findings
1. Reception Area	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
2. Consultation Area (Medical / Dental)	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
3. Treatment Area (Emergency/First Aid)	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
4. Dental Area	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
5. Monitoring Area (Vital Signs)	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
6. Breastfeeding Area	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
7. Rest Area (Menstrual Hygiene Management)	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	

SUSTAINABILITY OF FACILITY/SERVICES:		
Indicators	Findings	Specify your findings
8. Inclusion of SDHCP Clinic in School Improvement Plan (Maintenance and Repair)	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
9. Clinic Nurse-in-Charge	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
10. Availability of Clinic Teacher	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
11. Deployment schedule of Health Personnel	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
12. Trained Clinic Teacher	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	

SUPPLIES AND EQUIPMENT:		
Indicators	Findings	Specify your findings
13. Organized Supplies and Medicines	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
14. Equipment in the Proper and Designated Places	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	

15. Expiry List of Medicines	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
16. Presence of Treatment Record and Borrower Book	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	

INSIDE STRUCTURE AND FACILITIES

Indicators	Findings	Specify your findings
17. Properly secured doors with lock, windows, and grills	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
18. Tiled flooring	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
19. Presence of Water connection	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
20. Sufficient water supply	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
21. Availability of potable water	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
22. Installed electrical connection	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
23. Stable electrical supply	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
24. Proper drainage system	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
25. Sufficient ventilation	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
26. Segregated waste container with Infectious bin	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
27. Ceiling in good condition	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
28. Functional lavatories	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
29. Functional Comfort Room	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
30. Septic tank for CR	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	

DENTAL CHAIR

Indicators	Findings	Specify your findings
31. Properly installed Dental Chair	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
32. Dental Chair Connections	<input type="checkbox"/> Electrical <input type="checkbox"/> Water <input type="checkbox"/> Drainage	
33. Unit condition	<input type="checkbox"/> Functional <input type="checkbox"/> None functional	

CURBIE DIMENSIONS

Indicators	Dimension in meter	Specify your findings
34. Reception Area	_____ X _____	
35. Medical Examination Area	_____ X _____	
36. Dental Area	_____ X _____	

37. Treatment Area	<input checked="" type="checkbox"/> X	
38. Partition materials	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Fabric	
39. Partition height	<input type="checkbox"/> Floor-ceiling <input type="checkbox"/> Half-walled	

CLINIC STRUCTURE		
Indicators		Specify your findings
43. Location of Clinic	<input type="checkbox"/> In front of the school. <input type="checkbox"/> In between the buildings <input type="checkbox"/> At the back of the school. <input type="checkbox"/> Shared with other office	
44. Status of the Clinic	<input type="checkbox"/> Located in the planned location <input type="checkbox"/> Transferred to other room/bldg	
45. Accessibility /Pathway	<input type="checkbox"/> Observed <input type="checkbox"/> Not observed	
46. Clinic Building	<input type="checkbox"/> Single room building <input type="checkbox"/> Multiple room building	
47. Building Condition	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable	

SUPPORT FROM STAKEHOLDERS / PARTNERS		
Name of Partners	Kind of Support	Please Specify
1.		
2.		
3.		

Overall Findings:

Monitored by:

SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL DRUG
EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM
AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)

TEMPLATE IN ACCOMPLISHING THE MILESTONE ACCOMPLISHMENT
2023 AWARDS FOR OUTSTANDING MEDICAL OFFICER DENTIST AND NURSE

<p>Please use the following TEMPLATE for accomplishing the Milestone Accomplishment</p> <p><i>(Maximum of four pages for the Milestone Accomplishment, NOT including the three pages of evidence/supporting means of verification. EVIDENCE /MOV's must be placed AFTER the milestone accomplishment)</i></p>	
<p>Title of Accomplishment</p>	<p>What is the title of the accomplishment?</p>
<p>Type of Milestone Accomplishment</p>	<p>Is the accomplishment a new program, project, or service? Is it an improvement in the effectiveness of an existing program, project, or service (innovation)?</p> <p>Classify the accomplishment using the categories below: a. Program, Project, or Service b. Innovation</p>
<p>1. Your Specific Role in it.</p>	<p>Briefly describe the role of the nominee in the accomplishment/project. Was he/she the team leader or team member? How was his/her role critical to the success of the accomplishment/project?</p>
<p>2. Brief Description of Accomplishment</p>	<p>Briefly describe the nature of accomplishment. Be concise.</p>
<p>a. Rationale</p>	<p>What need or problem did the accomplishment respond to? What made the nominee decide to get involved in it?</p>
<p>b. Objectives</p>	<p>What did the accomplishment aim to achieve? Kindly provide SMART (<i>Specific, Measurable, Attainable, Realistic, and Time-bound</i>) objectives.</p>
<p>c. Dates started and completed</p>	<p>When did the accomplishment take place? (<i>Start and end dates</i>)</p>
<p>d. Coverage</p>	<p>Where did the accomplishment take place? (<i>e.g., city, province</i>) What was the scope of the accomplishment? (<i>e.g., students, indigenous peoples, urban poor, etc.</i>)</p>
<p>e. Beneficiaries</p>	<p>Briefly describe the beneficiaries of the accomplishment. How many were they? What sectors did they come from? (<i>e.g. teachers, students, indigenous peoples, urban poor, etc.</i>)</p>
<p>f. Key Partners Implementing Organization / Individuals</p>	<p>List down at least five key persons who were involved in the implementation of the accomplishment. Include their positions, organizations, and a brief description of their contributions to the milestone accomplishment.</p> <p><i>For example, this includes internal stakeholders from the school where the school health personnel is assigned who helped work on the accomplishment (e.g., fellow health personnel)</i></p>

	It also includes external stakeholders from outside the school who helped realize the accomplishment (e.g., donor agency/individual, LGU, Local NGO partner). External stakeholders are also those who benefited from the accomplishment indirectly.
g. Source of Funding	What were the names of the donor agency or individuals who provided financial and/or in-kind assistance to help you realize the accomplishment? Include the kind of assistance given.
h. Innovation	This refers to any or all characteristics of the milestone accomplishment, as follows: <ul style="list-style-type: none"> a. introduced a new strategy or method to improve the delivery of existing programs, projects, or services to the target beneficiaries of the nominee. b. Set the standard in carrying out the task and responsibilities in the school or unit of assignment of the nominee that resulted in a new product, service, or intellectual property that was adopted in the nominee's school or unit of assignment.
i. Outcomes / Results / Impact	This refers to any or all characteristics of the milestone accomplishment, as follows: <ul style="list-style-type: none"> a. Satisfied the objectives of the accomplishment. b. Provided a practical solution to the felt or articulated needs of the target beneficiaries. c. Cited a quantitative or qualitative measurement of the number of beneficiaries of the milestone accomplishment.
j. Sustainability	This refers to any or all characteristics of the milestone accomplishment, as follows: <ul style="list-style-type: none"> a. Generated resources to ensure the continuity of the accomplishment in the school or unit of assignment, even after the implementation period. b. Acquired the target beneficiaries' support to ensure the sustainability of the accomplishment even with minimal intervention or follow-through from the nominee. c. Posed strong potential that the milestone accomplishment can be replicated outside the target beneficiary group.
k. Evidences	These may be reports, pictures, news clippings, or case reports. Please limit evidence to a maximum of three pages. Prioritize the most important ones.

Submitted by:

Signature over printed name

Attachment No. 4 to Regional Memorandum No. 0457, s. 2023

SUBMISSION OF ACCOMPLISHMENT REPORT OF NATIONAL DRUG EDUCATION PROGRAM (NDEP), WASH IN SCHOOL (WINS) PROGRAM AND SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP)

2023 Awarding of OK sa DepEd Outstanding Implementers

Division _____

OKD Program	Name of			
	School	Principal	School Coordinator	Division Coordinator
NDEP				
WinS Program	1.			
	2.			
	3.			
	4.			
	5.			
	School	Principal	Nurse in Charge	Division Coordinator
SDHCP				
Outstanding Medical Officer	Name			
Dentist				
Nurse				

The Division Monitoring and Validation Committee certifies that all the information here and the accompanying supporting documents are true and correct.

Chair

Member

Member

Member

Approved by:

Schools Division Superintendent