

With this survey form, you collect information about the implementation of the Essential Health Care Program (EHCP) at your school. It must be completed by a team of DepEd Health Personnel, a Barangay Captain or Kagawad and a PTA Officer. It is the Health Personnel's responsibility to brief the other two at the beginning of the monitoring. While the team conducts the monitoring activity together, each member should fill out his or her own survey form with the agreed-upon findings. **Please write legibly!**

First, visit the school head or the teacher-in-charge and collect **general information about the school** as well as about **EHCP supplies**:

1. Date: _____/_____/_____ (mm/dd/year)
2. Name of School: _____
3. Name of School Head: _____
4. Region: _____ Division: _____ District: _____
5. Has the school received EHCP Materials for all children and for the entire school year?

Soap?	No <input type="checkbox"/>	Partly <input type="checkbox"/>	Yes <input type="checkbox"/>
Toothbrushes?	No <input type="checkbox"/>	Partly <input type="checkbox"/>	Yes <input type="checkbox"/>
Toothpaste?	No <input type="checkbox"/>	Partly <input type="checkbox"/>	Yes <input type="checkbox"/>
6. From what source? LGU Other

Now, you randomly select one classroom for monitoring. Draw lots to select the grade level to be monitored (Pre-School to Grade 6). If there is more than one section in that grade level, draw lots again to determine the section and note down the selected class:

7. Grade Level: _____
8. Name of Classroom / Section: _____

Then, go to the selected classroom. Please fill in the **general information about the class** and interview the classroom teacher about how he or she has been **oriented about EHCP**:

9. Name of Teacher: _____
10. No. of Children Enrolled in Class: Boys _____ Girls _____
11. No. of Children Present During Survey: Boys _____ Girls _____
12. Has the teacher received orientation about EHCP? No Yes
13. Is the teacher aware of DepEd Order No. 65 concerning EHCP? No Yes
14. Does the teacher know where to find the EHCP Manual (incl. DVD)? No Yes
15. Has the teacher read the entire EHCP Teachers' Manual? No Yes
16. Has the teacher watched the Fit for School – EHCP video? No Yes
17. Are daily **group** activities included in the class program? No Yes



Handwritten initials

Then, you collect information about **deworming** and check the records:

18. Have the children in this class been dewormed this school year? No Yes
19. Is the number of dewormed children documented in the class record book? No Yes
- 1st deworming ____/____/____ (mm/dd/year) No. of children dewormed: ____

With the teacher, check the **availability of water and WASH materials** like soap, toothbrushes and toothpaste **inside the classroom**:

20. Is water available for **individual** handwashing inside the classroom? No Yes
21. Is soap available for **individual** handwashing inside the classroom? No Yes
22. Is soap available for **group** handwashing activities? No Yes
23. Is there a proper toothbrush holder in the classroom? No Yes
24. What is the total number of properly labeled toothbrushes with cover? _____
25. Is fluoride toothpaste available for **group** toothbrushing activities? No Yes
26. Is a 500ml toothpaste dispenser used? No Yes
- If yes, does the pump have 1 lock? No Yes

Now, interview the teacher about **access and availability of water on the school grounds**:

27. What is the primary water source on the school grounds?
 None Spring/Well/Pump Rainwater tanks Piped water Other
28. During school hours, running water is available... Never Sometimes Always

If there is a functional **handwashing and toothbrushing facility for group activities**, let the PTA Official count the number of steps it takes him or her from the classroom entrance to the facility and check the facility. If there is no group facility, skip questions 30 to 32.

29. Is there a functional facility for **group** activities? No Yes
30. How many steps did it take to reach the facility?
 More than 50 36–50 20–35 Less than 20
31. Does the facility accommodate at least 10 children? No Yes
32. Is there roofing over the facility? No Yes



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Next, ask the teacher about the frequency of **group activities** (Questions 33 and 40). If children **wash their hands with soap and brush their teeth** regularly as a group, let them conduct their group activities and observe. It works best if you divide the following tasks: One team member takes the time (Questions 34, 37 and 40), while the other two members pay attention to how the children perform the activities and how they finish it (Questions 35, 38 and 39).

33. How many days per week do children **wash their hands with soap as a group activity**?

0 1 2 3 4 5

34. Do children wash their hands with soap for at least 20 seconds? None Some Most All

35. Do children dry their hands in the air after handwashing? None Some Most All

36. How many days per week do children **brush their teeth as a group activity**?

0 1 2 3 4 5

37. Do children brush their teeth for at least 2 minutes? None Some Most All

38. Did children finish toothbrushing without rinsing their mouths? None Some Most All

Overall...

39. Did one or more student leaders support the teacher in the activities? No Yes

40. How many minutes did both group activities last in total?

More than 20 16–20 11–15 Less than 10

After completing the activity, all team members should make sure that they **agree on the findings, compare their forms** and check that all questions have been **fully answered**. It is equally important that you **discuss the findings** amongst yourselves, with the classroom teacher and the school head: How well is the program running and how could you improve it further? Please use the attached Action Plan as a reference. For confirmation, the team members should sign all forms and also request the **signatures** from the selected classroom teacher as well as the school head or teacher-in-charge.

Confirmed by:

DepED Health Personnel

Barangay Captain / Kagawad

PTA President / Officer

Noted by:

Classroom Teacher

School Head

When all three forms are duly signed, each team member keeps one form. The **DepED Health Personnel** delivers their copy to the DepED Division Office for encoding and leaves the Action Plan with the **School Head** who uses it as an input for preparing the next School Improvement Plan (SIP) or Annual Improvement Plan (AIP); the **Barangay Official** informs the Barangay about the results; and the **PTA Officer** presents the results during the next PTA Meeting.



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EHCP Monitoring Form – ACTION PLAN

Area of EHCP Implementation	Does the SIP/AIP address any of the following EHCP areas of implementation?	What can the school community do to improve or sustain the EHCP implementation?	Which stakeholder can contribute to the implementation of such initiatives? Please include a timeline.
EHCP Training and Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Administration & Documentation of Mass Deworming	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Availability of EHCP Supplies	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Access and Availability of Water	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Facilities for Group Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Quality of Group Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>		



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