**DEPARTMENT OF EDUCATION**

**WASH IN SCHOOLS MONITORING FORM**

**Instruction**: Fill-up the spaces provided correctly and completely. This form shall be accomplished by the School Head or any authorized representative from the school.

**A. SCHOOL PROFILE**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Enrolment:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male | Female | Total |
| Shift 1 |  |  |  |
| Shift 2 |  |  |  |
| Shift 3 |  |  |  |

**B. WATER ACCESS**

1. Does the school provide safe drinking water?

🞐 All the time

🞐 Yes, but supply is not regular

🞐 No drinking water in the school

1. Is the drinking water provided by the school for free? 🞐 Yes 🞐 No
2. What mechanism are used to ensure learners have safe drinking water?

🞐 Teachers ask the learners to bring their own drinking water to school

🞐 Safe water in refillable containers are provided in designated areas within the school

🞐 Water from an accessible water source is boiled

🞐 Water from an accessible water source is filtered

🞐 Others \_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the previous week, how often is water for daily handwashing and cleaning of toilets available in the school regardless of source? (Includes water delivered to the school or collected from rain)

🞐 Available only on certain days of the week

🞐 Available daily but only in certain hours

🞐 Available daily for 24 hours

1. Does the school coordinate with the LGU or water district to test 🞐 Yes 🞐 No  
   the quality of water?
2. How many times was the quality of water tested in the current calendar year? \_\_\_\_\_\_\_

**C. SANITATION**

1. How many toilet seats are available for children in the school?   
   Do not include toilet seats for teachers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Male | Female | Shared/Communal | Total |
| Functional |  |  |  |  |
| Not functional |  |  |  |  |

1. Are toilets secure, private and have door with lock 🞐 Yes 🞐 No   
   Do toilets have lighting 🞐 Yes 🞐 No  
   Do toilets have adequate ventilation 🞐 Yes 🞐 No
2. Do toilets for girls have wrapping materials for used sanitary pads? 🞐 Yes 🞐 No
3. How many toilets for girls have a washing facility inside the toilet? \_\_\_\_\_\_\_
4. Are detached toilets for girls within view of school building and people? 🞐 Yes 🞐 No
5. Are there toilet/s designed for persons with limited mobility? 🞐 Yes 🞐 No  
   (These toilets must have a ramp, railing and adequate space for a wheelchair)
6. How often are the sanitation facilities cleaned?

🞐 Daily 🞐 Once a week

🞐 At least twice a week 🞐 Less than once a week

1. Does the school burn its waste? 🞐 Yes 🞐 No
2. Are segregated trash bins with cover available in the following areas?

🞐 Classrooms 🞐 Offices 🞐 Gardens

🞐 Toilets 🞐 Clinics 🞐 Hallways

🞐 Canteens 🞐 Play Areas 🞐 Gyms/Stage

1. Is waste segregation being practiced in the school? 🞐 Yes 🞐 No
2. Does the school have policies/sanctions which promote the 🞐 Yes 🞐 No  
   practice of waste segregation?
3. How regular is garbage being collected from the school?

🞐 Daily 🞐 Once a week 🞐 No Collection

🞐 2-3 times a week 🞐 Less than once a week

1. Does the school have a compost pit for biodegradable waste? 🞐 Yes 🞐 No
2. Does the school have a refuse pit for non-biodegradable waste? 🞐 Yes 🞐 No
3. Does the school have a materials recovery facility (MRF)? 🞐 Yes 🞐 No
4. Do all toilets in the school have functional septic tank/s? 🞐 All 🞐 Some 🞐 None
5. Does the school have a functional drainage from the 🞐 Yes 🞐 No   
   kitchen and wash areas to ensure that there is no stagnant water?
6. In the past year, did the school experience any floods? 🞐 Yes 🞐 No
7. Does the school adopt the following mechanisms to address stagnant water?

🞐 Pumping out of water 🞐 Soak pit

🞐 Filling of stagnant water 🞐 Treatment of stagnant water to prevent breeding of   
 mosquitoes

1. Does the school have a canteen? 🞐 Yes 🞐 No
2. Does the school canteen have a sanitary permit? 🞐 Yes 🞐 No
3. Do food handlers practice the following food safety measures?

🞐 Wearing of hairnet, gloves, masks and apron

🞐 Handwashing

🞐 Segregation of dry and wet food materials

1. Have all food handlers been oriented on food safety measures? 🞐 All 🞐 Some 🞐 None
2. Do all food handlers in the school have health certificates? 🞐 All 🞐 Some 🞐 None

**C. HYGIENE**

1. How many times in a week is supervised group handwashing with soap conducted for **all** children in the school? \_\_\_\_\_\_ (only for elementary)
2. What is the extent of student participation in supervising group handwashing (only for elementary)

🞐 Students are participants supervised by teachers

🞐 There are students who assist teachers in supervising handwashing activities

🞐 There are students assigned to lead handwashing activities

1. How many group handwashing facilities are available in the school? (count by increments of 10 water outlets) \_\_\_\_\_\_\_\_\_\_
2. What is the total number of water outlets in all the group handwashing facilities? \_\_\_\_\_\_\_\_\_
3. Is there a regular supply of soap for handwashing? 🞐 Yes 🞐 No
4. Are handwashing facilities available in the following areas?

🞐 Classrooms 🞐 Canteen/Eating Areas 🞐Clinics

🞐 Toilets 🞐 Play areas 🞐 Laboratories

🞐 Agricultural areas (eg. Gulayan, livestock area)

1. Do children perform individual handwashing the following times?

🞐 Before meals 🞐 After cleaning activities

🞐 After using the toilet 🞐 After playing in the playground

🞐 After handling soil and animals

1. How many times in a week is supervised group toothbrushing with fluoride conducted for **all** children in the school? \_\_\_\_\_\_
2. What is the extent of student participation in supervising group toothbrushing?

🞐Students are participants supervised by teachers

🞐Students assist teachers in supervising toothbrushing activities

🞐Students are assigned to lead toothbrushing activities

1. Is there a regular supply of toothbrush and toothpaste for toothbrushing? 🞐 Yes 🞐 No
2. Are the repair and maintenance requirements for WASH facilities reflected in the following:

🞐 School improvement plan (SIP)

🞐 Annual improvement plan (AIP)

1. What are the sources of funds for the following? Please check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | School MOOE | Private donations | PTA | LGU Funds | Children bring their own |
| Soap | 🞐 | 🞐 | 🞐 | 🞐 | 🞐 |
| Toothbrush | 🞐 | 🞐 | 🞐 | 🞐 | 🞐 |
| Toothpaste | 🞐 | 🞐 | 🞐 | 🞐 | 🞐 |
| Cleaning materials/supplies | 🞐 | 🞐 | 🞐 | 🞐 | 🞐 |
| Repair and maintenance (labor/spare parts) | 🞐 | 🞐 | 🞐 | 🞐 |  |

1. Where can learners avail of sanitary pads?

🞐 School Canteen 🞐 Guidance Office 🞐 Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞐 School Clinic 🞐 Class adviser/teacher

1. Is there information on proper disposal of sanitary napkins in the 🞐 Yes 🞐 No   
   girls toilet?
2. Are there DepEd Approved Instructional materials on Menstrual Health 🞐 Yes 🞐 No  
   for Teachers?
3. Are there DepEd Approved Information, Education and 🞐 Yes 🞐 No  
   Communications (IEC) materials on Menstrual Health for Students?
4. Is there a designated rest space/changing room for girls with 🞐 Yes 🞐 No  
   menstrual discomfort?

**D. DEWORMING**

1. Is deworming done semi-annually? 🞐 Yes 🞐 No
2. What is the total number of students dewormed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. HYGIENE EDUCATION**

1. Which areas have IEC materials for WinS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hygiene (Handwashing, toothbrushing) | Menstrual Health Management | Sanitation (waste segregation/disposal, drainage, deworming) | Food safety |
| Bulletin board | 🞐 | 🞐 | 🞐 | 🞐 |
| Classrooms | 🞐 | 🞐 | 🞐 | 🞐 |
| Toilets | 🞐 | 🞐 | 🞐 | 🞐 |
| Handwashing facilities | 🞐 |  | 🞐 | 🞐 |
| Canteen/Eating areas | 🞐 |  | 🞐 | 🞐 |

1. Are there organized structures (eg. TWGs, student clubs) to 🞐 Yes 🞐 No  
   promote WinS?
2. Is WinS a part of INSET? 🞐 Yes 🞐 No
3. Are learning materials available for teaching WinS? 🞐 Yes 🞐 No
4. Is WinS being advocated in the GPTCA assembly? 🞐 Yes 🞐 No
5. Are there planned and organized activities for advocating WinS to 🞐 Yes 🞐 No  
   parents/stakeholders?
6. Is WinS part of the co/extra-curricular program for students? 🞐 Yes 🞐 No

Certified True and Correct by:

School Head : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over printed name)

Position Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Checked by District Office:

Head of Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over printed name)

Position Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Verified by the Division Office:

Head of Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature over printed name)

Position Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_