

**DEPARTMENT OF EDUCATION
WASH IN SCHOOLS (WinS) 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.
- For integrated schools, please fill up two forms, one for elementary and one for secondary.

A. SCHOOL PROFILE

Date: _____ School Year: _____ Level: Elementary Secondary

School Name: _____ 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

- Does the school provide drinking water? Check only one.
 - All the time
 - Yes, but supply is not regular
 - No drinking water in the school
- Is the drinking water provided by the school for free? Yes No
- Does the school coordinate with the LGU or water district to test the quality of water? Yes No
- How many times was the quality of water tested in the current calendar year? _____
- Did the test result show that water is safe for drinking? Yes No
- What other mechanisms are used to ensure that drinking water in school is safe? Check all applicable
 - Teachers ask the learners to bring their own drinking water to school
 - If drinking water is from a refilling station, the school requires a water quality certificate.
 - Water from an accessible water source is boiled
 - Water from an accessible water source is filtered
 - Others _____
- In the previous week, **how often** is water for daily handwashing and cleaning of toilets **available** in the school **regardless of source**? (*This includes water delivered to the school or collected from rain*) Check only one.
 - Available only on certain days of the week
 - Available daily for 24 hours
 - Available daily but only in certain hours

C. SANITATION

8. 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				

9. Are all functional toilets secure, private and have door with lock?
-
- Yes
-
- No

Do all functional toilets have lighting (includes natural light or alternative sources) Yes NoDo all functional toilets have adequate ventilation? Yes No

10. Do all exclusively female toilets have wrapping materials and trash bins for used sanitary pads?
-
- Yes
-
- No

11. How many exclusively female toilets have a washing facility inside the toilet? _____

12. Are detached toilets within view of school building and people?
-
- Yes
-
- No

13. Are there toilet/s designed for persons with limited mobility?
-
- (These toilets must have a ramp, railing and adequate space for a wheelchair)
-
- Yes
-
- No

14. How often is the sanitation facilities cleaned? Check only one.

 Daily Once a week
 Less than once a week At least twice a week

15. Does the school burn its waste?
-
- Yes
-
- No

16. Are segregated trash bins with cover available in the following areas? Check all applicable.

 Classrooms Toilets Canteens
 Offices Clinics Play Areas
 Gardens Hallways Gyms/Stage

17. Are the students segregating their solid waste properly?
-
- Yes
-
- No

18. Does the school have policies/sanctions which promote the practice of solid waste segregation?
-
- Yes
-
- No

19. How regular is garbage being collected from the school? Check only one.

 Daily Once a week No Collection
 2-3 times a week Less than once a week

20. Does the school have a compost pit for biodegradable waste?
-
- Yes
-
- No

21. Does the school have a refuse pit for non-biodegradable waste?
-
- Yes
-
- No

22. Does the school have a materials recovery facility (MRF)?
-
- Yes
-
- No

23. Do all toilets in the school have functional septic tank/s?
-
- Yes
-
- No

24. Does the school have a functional drainage from the kitchen and all wash areas to ensure that there is no stagnant water?
-
- Yes
-
- No

25. In the past year, did the school experience any floods?
-
- Yes
-
- No

26. Did the school adopt the following mechanisms to address stagnant water? Check only one.
- Pumping out of water
 - Filling of stagnant water
 - Soak pit (a water catchment area which contains gravel, sand, or other materials that absorbs water to prevent pooling)
 - Treatment of stagnant water to prevent breeding of mosquitoes (use of larvicides, fish, etc.)
 - Not applicable (e.g., no stagnant water because of sandy soil)

27. Does the school have a canteen? Yes No

28. Does the school canteen have a sanitary permit? Yes No

29. Do food handlers practice the following food safety measures?

- Wearing of hairnet, gloves, masks and apron
- Handwashing
- Separate the storage of dry and wet food materials

30. Have all food handlers been oriented on food safety measures? All Some None

31. Do all food handlers in the school have health certificates? All Some None

D. SANITATION

32. How many times in a week is supervised group handwashing with soap conducted for all children in the school? (Write 0 if this is not done in school.) _____

33. What is the extent of student participation in supervising group handwashing? Check all applicable

- Students are participants supervised by teachers
- There are students who assist teachers in supervising handwashing activities
- There are students assigned to lead handwashing activities

34. How many handwashing facilities are available in your school?

	Number of facilities	Total number of faucets/water outlets/punch holes
Individual handwashing facility		
Group handwashing facility *		

* A group handwashing facility should have **at least:**
 ↳ **10 water outlets in the elementary level, and**
 ↳ **4 water outlets in the secondary level**

Note: A water outlet may be any opening where water comes out for handwashing (eg. Faucets, punch pipes, etc.)

35. Is there a regular supply of soap for handwashing? Yes No

36. Are handwashing facilities available in the following areas? Check all applicable.

- Classrooms
- Toilets
- Canteen/Eating Areas
- Play areas
- Agricultural areas (e.g., Gulayan, livestock area)
- Clinics
- Laboratories

37. Do children perform individual handwashing during the following times? Check all applicable

- Before meals/eating/handling food
- After cleaning activities/handling garbage
- After using the toilet
- After playing
- After handling soil and animals

38. How many times in a week is supervised group toothbrushing with fluoride conducted for **all** children in the school? *(Write 0 if this is not done in school)* _____

39. What is the extent of student participation in supervising group toothbrushing? Check all applicable.

- Students are participants supervised by teachers
- Students assist teachers in supervising toothbrushing activities
- Students are assigned to lead toothbrushing activities

40. For elementary schools, is there a regular supply of toothbrush and toothpaste for toothbrushing? Yes No

41. Are the repair and maintenance requirements for WASH facilities (i.e., water, toilet and washing facilities) reflected in the following? Check all applicable.

- School improvement plan (SIP)
- Annual improvement plan (AIP)

42. What are the sources of funds for WASH facilities and supplies? **Check all applicable.**

ITEM	SCHOOL MOOE	EXTERNAL PARTNERS			VOLUNTARY DONATIONS FROM INTERNAL STAFF	CHILDREN BRING THEIR OWN
		PRIVATE/ INDIVIDUAL DONATIONS	PTA FUNDS	LGU FUNDS		
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning materials/ supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair and maintenance (labor/spare parts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

43. Where can learners avail of sanitary pads? Check all applicable.

- School Canteen
- Guidance Office
- Others: _____
- School Clinic
- Class adviser/teacher Laboratories

44. Is there information on proper disposal of sanitary napkins in the girls' toilet? Yes No

45. Are there DepEd Approved Instructional materials on Menstrual Health for Teachers? Yes No

46. Are there DepEd Approved Information, Education and Communications (IEC) materials on Menstrual Health for Students? Yes No

47. Is there a designated rest space for girls with menstrual discomfort? Yes No

E. DEWORMING

48. Is deworming done semi-annually? Yes No
49. What is the total number of students dewormed? _____

F. HEALTH EDUCATION

50. Which areas have information, education and communication materials (IEC) for WASH in Schools (WinS)? Check all applicable.

	HYGIENE (HANDWASHING, TOOTHBRUSHING)	MENSTRUAL HEALTH MANAGEMENT	SANITATION (WASTE SEGREGATION/DISPOSAL, DRAINAGE, DEWORMING)	FOOD SAFETY
Bulletin board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing facilities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Canteen/Eating areas	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

51. Are there organized structures (e.g., TWGs, student clubs) to promote WinS? Yes No
52. Is WinS a part of INSET? Yes No
53. Are learning materials available for teaching WinS? Yes No
54. Is WinS being advocated in the General PTA assembly? Yes No
55. Are there planned and organized activities for advocating WinS to parents/stakeholders? Yes No
56. Is WinS part of the co/extra-curricular program for students? Yes No

PREPARED BY:

TWG MEMBERS *	
PRINTED NAME	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____

* Signed by at least 3 – 4 members

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: _____