



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
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DepED MEMORANDUM
No. 159 s. 2005

MAY 3 12005

NATIONAL SCHOOLS HEALTH MAINTENANCE DRIVE
June-July 2005

To: Bureau Directors
Regional Directors
Schools Division/City Superintendents
Heads, Public Elementary Schools

1. In consonance with The Schools First Initiative, the Department of Education will embark on a National Schools Health Maintenance Drive for the elementary level with the theme **"Better Health Care for Improved Learning"** to underscore the need to promote good health and nutrition among children in order for them to fully participate in education and gain its maximum benefits. One major activity will be the Universal Medical/Dental Check-up (UMDC) of Grades I – III pupils in public elementary schools to be undertaken by volunteer private/public health professionals affiliated with medical associations and organizations nationwide.
2. The month long drive aims to:
 - a. Enlist local medical practitioners and community support as partners for the UMDC of pupils;
 - b. Mobilize other health service providers to ensure the examination of all Grades 1 – 3 pupils in public elementary schools nationwide;
 - c. Establish data on the health and nutritional status of school children to serve as bases for the planning of the school feeding and provision of appropriate health interventions;
 - d. Advocate the need for parental participation in establishing good health among young children in schools; and
 - e. Empower the school heads and teachers to develop the schools as health promoting and child-friendly schools.
3. In preparation for the month long drive, the Health and Nutrition Center is instructed to map-out strategies to ensure the institutionalization of a grand alliance between and among public and private health care providers for UMDC.


"Bawat Graduate, Bayani at Marangal"

4. Enclosed is the document on UMDC to serve as reference on the event. An orientation of school health personnel shall be conducted to ensure that the planned activities to achieve program goals are effectively executed.

5. The School Division Superintendents are hereby instructed to provide administrative support including travel allowances of school health personnel and appropriate funding for the effective operations of the UMDC Program in their areas of responsibility. The schools medical officers shall take the lead in the over-all coordination of activities in the division.

6. Accomplishment reports on UMDC shall be collated and analyzed at local levels so as to identify children at-risk and appropriate health interventions be instituted immediately through health services provided by school health personnel and/or referral to local health agencies. Copies of such reports and planned interventions shall be sent to the Office of the Secretary for evaluation of actual school health needs.

7. Immediate dissemination of and compliance with this Memorandum is desired.


FLORENCIO ABAD
Secretary 

Encl.:

As stated

Reference:

None

Allotment: 1 - - (D.O. 50-97)

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

CELEBRATIONS & FESTIVALS
HEALTH EDUCATION
SCHOOLS

DOCUMENT: Universal Medical/Dental Check-up Program
DRAFT: Second
OFFICE: USEC, Finance & Administration
DATE: 30 March 2005

Discussion Paper No. 18

**UNIVERSAL MEDICAL/DENTAL CHECK-UP PROGRAM
FOR ALL GRADES 1-3 PUPILS**

**Schools First means Better Health Care for Improved Learning
of Pupils in Elementary Schools**

I. INTRODUCTION

Survey studies and actual data point to poor health status of pupils aged 6-12 years corresponding to the elementary school level. The 30% underweight status appears to have a strong link to the 25% cohort drop-out rate before Grade 4 (and the 35% drop-out rate by the end of Grade 6).

This program intends to address two objectives:

- (1) Highlight the importance of good health among young children in school: *To provide each child with a medical and dental exam/record from Grade 1 onwards.*¹
- (2) Advocate the need for parental participation in establishing good health among young children in school: *The importance of health to good schooling.*

The program is to be a partnership between DepED and private and public health professionals and providers to undertake universal medical examinations of all Grades 1-3 pupils at the start of the school year to establish their state of health and to identify children at health-risk.

II. ANALYSIS OF THE SITUATION

1. General State of Health of Filipino School Children

¹ The medical record shall become a part of the child's school records and shall be released to the family with all other school records [i.e. Form ____].

- 1.1 Three (3) of every 10 Filipino school children aged 6-10 years old are underweight.
- 1.2 About 65% of children aged 6-12 are iodine deficient. (Iodine deficiency has a direct impact on reduced cognitive abilities. Research shows that iodine deficiency during the formative years can result in as much as a 13.5 point reduction in a child's IQ.
- 1.3 Filipino school children also suffer from Iron Deficiency Anemia (IDA). More than one in three children aged 6-12 years suffers from IDA (38.4% for boys; 36.5% for girls).
- 1.4 In the DepED, the doctor-student ratio is in the order of 1: 70,500; the nurse-student ratio is 1: 4,830;
- 1.5 Similarly, the dentist student ratio is in the order of 1: 18,000.
- 1.6 In terms of actual health and nutrition spending per child, DepED spends P9:00/child/year.

2. Dental status

- 2.1 The Philippines has the highest levels of dental caries among school children in the world.² Caries formation or the decaying of teeth is prevalent among 87% of Filipino school children.
- 2.2 Of the Grade 1 population, dental surveys show that about 6% of these children have 1 permanent tooth and 8 milk teeth already in decay. By age 12 (Grade 6), the same survey shows that 4.6 permanent teeth are already decayed.
- 2.3 Problems related with oral hygiene and malady account for the highest incidence of absenteeism among school children. 32% of the absenteeism in Grade 1 is caused by mouth-related pain or problem (12% actual toothache).

III. PROPOSAL

1. **National School Health Maintenance Month.** Department of Education shall declare the month of June (school opening) as National Schools Health Maintenance Month for the elementary level.

² World Health Organization

1.1 In June, all elementary schools shall begin a month-long period undertaking medical and dental examinations of all Grades 1-3 pupils.

- 37,159 elementary schools nationwide
- 2,745,718 Grade 1 pupils
- 2,120,860 Grade 2 pupils
- 1,984,241 Grade 3 pupils
- Total Grade 1-3 pupils = 6,850,819

1.2 Pupils will be examined according to a medical and dental template and protocol developed and designed by DepED and the DOH.

1.3 Medical examinations will be undertaken by private (and public) health professionals and providers in partnership with DepED school health personnel.

1.4 All pupils examined will have a medical and dental record that shall form a part of their permanent file and which parents will and can have access to. (The cards will be given to the pupils when they transfer schools together with their school records and transcripts.)

2. **Medical Examination Framework.** DepED shall work with DOH on a simple but complete medical and dental examination framework and protocol to be followed by all schools and by all health provision partners.

2.1 On April 1-15, development and agreement on the framework and protocol.

2.2 On April 18-30, preparation of the necessary forms for all schools and health partners.

2.3 In May, distribution of the forms to schools divisions and health partners.

3. **Health Partners.** DepED shall invite all professional health and dental associations/organizations to partner with the Department on this one-month campaign. Partnerships shall be on a voluntary basis.

3.1 On April 5, DepED to invite the presidents of all medical associations/organizations to a meeting to present the proposal.

- Establish extent of chapter formation

- Establish number of medical and dental professionals who could participate in the project (potential)
- 3.2 In April, matching of chapters and specific elementary schools
- Number of students per grade to be examined
 - Preliminary schedules worked out per school
- 3.3 In May (during *Brigada Eskwela*), preparation of the examination rooms
- 3.4 Starting June ²⁷ ~~8~~ through ^{July 29, 2005} ~~end June~~, medical and dental examinations proper.
- 3.5 In July, filing of final reports with principal's office and with the division and regional health coordinators (HNC).
4. **Health Maintenance.** As data come in, DepED shall focus efforts on the most at-risk schools in terms of malnutrition and illness (morbidity).
- 4.1 DepED shall look for additional partnerships with health providers to address such cases.
- 4.2 DepED shall solicit local funding support from local civic clubs to fund health maintenance projects at the school level.
- 4.3 DepED shall focus school feeding resources on schools at-risk.

IV. INTERNAL ORGANIZATION

1. The Health and Nutrition Center (HNC) shall be the overall program coordinator.
 - 1.1 Establish the medical examination protocol with DOH
 - 1.2 Brief all health partners on the protocol and project
 - 1.3 Brief all regional and division health coordinators on the project
 - 1.4 Ensure all elementary schools have medical and dental record forms
2. Division Health Coordinators shall organize the effort for all elementary schools in their division.
3. Principals and school heads shall be directly responsible for implementation of the medical and dental examinations at the school level.

- 3.1 Prepare the medical and dental examination areas (during the *Brigada Eskwela* week)
- 3.2 Prepare the class-by-class, section-by-section scheduling.
- 3.3 Ensure the safekeeping of the pupils' medical and dental records
- 3.4 Prepare the consolidated school health report
4. The PTCAs should be invited to play an advocacy role to ensure that parents understand the project and support it. The consolidated school health report should be the basis for the planning of the school feeding and health & nutrition program involving the parents and the community.

V. COMMUNICATION PLAN

1. **Ad Campaign**
 - 1.1 National announcement ad
 - 1.2 Local newspaper stories
2. **Public Awareness and Social Marketing**
 - 2.1 National newspaper stories
 - 2.2 Local newspaper stories

VI. BUDGET (To be finalized)

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|----|---|-------------|
| 1. | Meetings with DOH and health partners
(From OSEC Budget) | P 100,000 |
| 2. | Meetings with DepED health coordinators
(From HNC MOOE) | |
| 3. | Printing of medical/dental record cards
(From HNC budget) | |
| 4. | National ad campaign (production and
placement) (From OSEC Budget) | P 1,500,000 |