



Republic of the Philippines
Department of Education

REGION I
SCHOOLS DIVISION OF THE CITY OF BATAC

07 JUL 2026

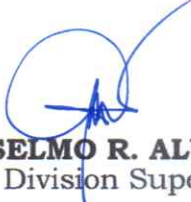
DIVISION MEMORANDUM

No. 439 s. 2026

**REITERATION OF DIVISION MEMORANDUM NO. 008 S. 2026
NATIONAL SCHOOL DEWORMING PROGRAM CY 2026**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Unit & Section Heads
Public School Heads Concerned
All Others Concerned

1. In connection with the issuance of Division Memorandum No. 008 s. 2026 "National School Deworming Program CY 2026," the second round of deworming will be from July to August 2026.
2. The NSDD aims to increase the number of dewormed schoolchildren to ensure that they are protected from helminthiasis (parasitism), thereby promoting better health and improved academic performance.
3. School heads are advised to coordinate with the Barangay Health Workers (BHWs) within their catchment barangays for assistance. The NSDD will be conducted from July – August 2026. Furthermore, schools are advised to submit reports using the NSDD Annex B.2 Form and reporting mechanism of Soil-Transmitted Helminthiasis Mass Drug Administration (STH MDA) and National Parasite Prevalence Survey (NPSS). Reports for the second round must be submitted by August 31, 2026 at the Schools Division Office (SDO). Deworming tablets can be availed at the Schools Health Unit (SHU) in the SDO.
4. A copy of Division Memorandum No. 008, s. 2026 and Division Memorandum No. 197 s. 2026 were attached for reference.
5. For further information on the distribution of deworming medication, contact Jedidiah B. Jagto, Nurse II at jedidiah.jagto100@deped.gov.ph.
6. For information, guidance, and strict compliance.


ANSELMO R. ALUDINO
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

PROGRAMS

SGOD/jbj/DM-DewormingSY2026-2027
26025/July 3, 2026



DepEd Batac City



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Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM
No. **008**, s. 2026

07 JAN 2026

NATIONAL SCHOOL DEWORMING PROGRAM CY 2026

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Unit & Section Heads
Public School Heads Concerned
All Others Concerned

1. In line with DepEd Memorandum No. 80, s. 2015, entitled "Guidelines on the Implementation of the National School Deworming Day (NSDD)," the Department of Health (DOH), through the City Health Office (CHO) of the City of Batac and in partnership with the DepEd Schools Division of the City of Batac School Governance and Operations Division - School Health Unit (SHU), will conduct the National School Deworming program twice this year. The first round will be conducted within January to February 2026, and the second round will take place within July to August 2026.
2. The NSDD aims to increase the number of dewormed schoolchildren to ensure that they are protected from helminthiasis (parasitism), thereby promoting better health and improved academic performance.
3. School heads are advised to coordinate with the Barangay Health Workers (BHWs) within their catchment barangays for assistance. Furthermore, schools are advised to submit reports using the NSDD Annex B.2 Form. Reports for the first round are due by February 28, 2026, while second-round reports must be submitted by August 31, 2026.
4. A copy of DepEd Memorandum No. 80, s. 2015 is attached for reference.
5. For further information on the distribution of deworming medication, contact Jedidiah B. Jagto, Nurse II at jedidiah.jagto@deped.gov.ph.
6. For information, guidance, and strict compliance.


ANSELMO R. ALUDINO
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

PROGRAMS

SGOD/jbj/DM Deworming
26001/January 5, 2026



SLCD RECORDS UNIT

260238





Republic of the Philippines
Department of Education

24 JUL 2015

DepEd MEMORANDUM
No. **80**, s. 2015

**GUIDELINES ON THE IMPLEMENTATION OF THE NATIONAL
SCHOOL DEWORMING DAY (NSDD)**

To: Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
Heads, Public Elementary Schools
All Others Concerned

1. The Department of Health (DOH), in partnership with the Department of Education (DepEd) through the Health and Nutrition Center (HNC), will conduct the **National School Deworming Day (NSDD)** on July 29, 2015.
2. The NSDD aims to deworm approximately 16 million school-aged children enrolled in all public elementary schools in one day, to reduce the burden of Soil Transmitted Helminthiasis (STH) infections with a positive impact on children's education and health.
3. In support of this nationwide activity, the DepEd hereby issues the enclosed **Guidelines on the Implementation of the NSDD**.
4. All regional directors, schools division superintendents and school heads are encouraged to ensure the successful implementation of this activity. The DepEd and DOH health personnel and local government units (LGUs) will join efforts to achieve NSDD's goal.
5. For more information, all concerned may contact **Mr. Edgardo Erce**, National Deworming Coordinator, Department of Health (DOH), Sta. Cruz, Manila at mobile phone no.: 0999-789-1400 or **Ms. Loida B. Ramos**, Supervising Health Program Officer, Health and Nutrition Center (HNC), Department of Education Central Office (DepEd CO), Dorm E, 5th Floor, DepEd Complex, Meralco Avenue, Pasig City at mobile phone no.: 0923-563-1583.
6. Immediate dissemination of this Memorandum is desired.


BR. ARMIN A. LLISTRO FSC
Secretary

Encl. As stated

GUIDELINES ON THE IMPLEMENTATION OF THE NATIONAL SCHOOL DEWORMING DAY

I. BACKGROUND

Soil-transmitted helminthiasis (STH) or intestinal worms can cause poor physical growth, poor intellectual development, and impaired cognitive functions in children. The consequences of chronic worm infections are widespread and devastating and can result to anemia and malnutrition not only on children but also in women of child bearing age. The highest intensity of infection has been documented among children aged 1 to 12 years old. Pre-school aged children (1-4 years old) suffer the greatest morbidity, while school-aged children (5-12 years old) harbour the greatest load of infection.

STH affects all 81 provinces in the country. Baseline data for STH in the Philippines was 65% among the 6 to 14 years old (UP-CPH, 2003). Another study jointly conducted by DOH, UNICEF and UP-CPH in the following year (2004) showed a prevalence rate of 66% among children aged 1 to 5 years old. Given the relatively high prevalence of STH infections among children in the country, the Integrated Helminth Control Program (IHCP) was established by the DOH and DepEd to implement deworming, together with WASH (Water, Sanitation and Hygiene), behavior change and advocacy interventions.

WHO documents based on several studies have shown the detrimental effects of STH on the educational performance and school attendance of children but noted significant improvements in language and memory development following treatment. Therefore, mass deworming is being utilized by the government as one of the major strategies to reduce the burden of helminth infections among children aged 1 to 12 years old. The drug of choice for deworming is either Albendazole 400mg or Mebendazole 500mg, administered as single dose twice a year during the scheduled deworming months. Both drugs are known to have excellent safety records with only minimal and transient adverse reactions. These drugs are inexpensive and effective making regular deworming of Filipino children both affordable and sustainable.

Reduction in STH prevalence has been observed in the regions after several years of deworming based on the partial results of the National Parasite Survey (2013) done by the Research Institute for Tropical Medicine (RITM). The preliminary results showed prevalence rates range from 12-38% today, a figure that is lower compared to the baseline data. Furthermore, pilot projects in Regions 6 and 11 (with Mass Drug Administration Coverage in 2014 in both regions of 89%) have proven that single day deworming is feasible and that it improves the efficiency of service delivery among the target population. These are some of the great examples showing the effectiveness of transmission control and reduction of prevalence through deworming.

II. RATIONALE

Recognizing the importance of school health, the World Bank's Human Development Network, Education Department (HDNED) has developed the Systems Approach for Better Education Results (SABER) in 2012 to assess school health and school feeding policy frameworks. Here are some of the assessments in which the framework builds on, using some common references with:

- a. Some of the most common health conditions of school age children affect their education. Malaria and worm infections can reduce enrolment and increase absenteeism;
- b. Hunger and anemia can affect cognition and learning, thus exacerbating the problems of even those children who do go to school;
- c. The pain associated with tooth decay, and the diarrhea and respiratory diseases associated with poor hygiene, may also affect both attendance and learning;
- d. It is estimated that in low income countries, worm infection can make each school age children lose some 3.75 IQ points;
- e. Iron deficiency anemia cause schoolchildren to lose some 6 IQ points per child;
- f. Hunger affects learning and attention: some 66 million schoolchildren go to school hungry; and
- g. All these conditions translate into the equivalent of between 200 million and 500 million days of school lost to ill health in low income countries each year.

The NSDD represents a major effort at improving health care service delivery for all school-aged children enrolled in public elementary schools, and will serve as a prelude to the 2016 Harmonized Schedule and Integrated Mass Drug Administration (HSIMDA) for the prevention, control and treatment of lymphatic filariasis, schistosomiasis and STH. It is anticipated that the NSDD strategy will have a major impact on the recording and reporting of IHCP accomplishments. Results and experiences of the NSDD will help in the implementation of HSIMDA next year. Other interventions, such as WASH, will continue to be advocated.

III. OBJECTIVE

General:

To deworm approximately 15.1 million school-aged children enrolled in all public elementary schools in one (1) day through the NSDD initiative.

Specific:

1. To increase and scale-up the MDA coverage for school-aged children (5-12 years old or Kindergarten to Grade VI) enrolled in public elementary schools.
2. To facilitate and ensure timely reporting of deworming intervention.
3. To promote partnership in all levels in the implementation of deworming for school-aged children enrolled in public elementary schools.

IV. SCOPE AND COVERAGE

The NSDD is a nationwide effort targeting all 5 to 12 years old (Kindergarten to Grade VI) children enrolled in public elementary schools. School-aged children enrolled in private schools and children who are not enrolled are encouraged to participate. Private schools that intend to join the NSDD activity are enjoined to coordinate with DepEd Regional Office for allotment of deworming medicines. Children not enrolled in schools can get support from the local health center.

V. DEFINITION OF TERMS

1. **Albendazole** – the drug of choice for the control, prevention, and treatment of helminth infections.
2. **Deworming** – the administration of albendazole (or mebendazole), without prior diagnosis of current infection, to control and treat intestinal helminth infections such as hookworm, *Ascaris*, and *Trichuris*.
3. **Eligible Population** – a group of individuals qualified for deworming. Specifically, these are all children from 1 to 12 years old. However, for the purpose of NSDD, the target population of the single day deworming will be all children aged 5-12 years old or Kindergarten to Grade VI enrolled in public elementary schools.
4. **Endemic** – refers to the constant presence of a disease within a given geographic area.
5. **Mass Drug Administration (MDA)** – a strategy to provide deworming drugs to the eligible population without the requirement of prior diagnosis of current infection.
6. **Mass Drug Administration Provider** – a person who administers the deworming drugs. This can be any health personnel from DepEd, DOH or LGU, teacher supervised by a health personnel from the DepEd, DOH, LGUs or volunteer groups (with prior approval from the DOH Regional Office) who have the capacity and background in health, administration of deworming drugs, and management of adverse events.
7. **School-aged children** – defined as children between 5 and 12 years of age who are enrolled in school.
8. **Soil-transmitted helminthiasis (STH)** – an infection caused by nematodes or a subgroup within the group of helminth infections (species). It is caused specifically by helminths transmitted through soil contaminated with fecal matter, and are therefore called soil-transmitted helminths. The main species that infect people are the roundworm (*Ascaris lumbricoides*), the whipworm (*Trichuris trichiura*) and the hookworms (*Necator americanus* and *Ancylostoma duodenale*).
9. **Records** – refers to the NSDD forms used for reflecting the deworming accomplishment.

10. **Reports** – an account given of a particular matter, especially in the form of an official document, after thorough investigation or consideration by the DOH and DepEd Regional Offices.
11. **Evaluation** – a systematic assessment of the outcomes and impact of the NSDD campaign.

VI. GENERAL GUIDELINES

1. NSDD guidelines and protocols set by the DOH-CO in collaboration with the DepEd shall provide direction and serve as a roadmap for all DepEd schools and offices.
2. The DepEd-CO shall:
 - a. establish coordination mechanisms with the DOH, DILG, other government agencies, stakeholders and partners/donors in the implementation of the NSDD; and
 - b. in partnership with DOH, DepEd shall lead the awareness campaign and other initiatives in promoting the NSDD.
3. DepEd-RO shall:
 - a. lead and supervise the conduct of NSDD;
 - b. facilitate information dissemination of the NSDD guidelines to Division IHCP coordinator; and
 - c. coordinate with DOH-RO for appropriate mobilization of health personnel to augment DepEd health personnel.
4. The NSDD shall be done simultaneously in all public elementary schools. One school in every region will serve as venue for the grand launching to be attended by key officials from the DOH-CO, DepEd-CO and DILG/LGUs-CO, as well as other stakeholders/partners. Selection of the school is based on the preference of the NSDD TWG. However, priority must be given to the 43 poorest provinces. The NSDD will be replicated yearly.

VII. SPECIFIC GUIDELINES/ IMPLEMENTING MECHANISMS

1. Pre-implementation

- a. DepEd-RO shall:
 - Facilitate distribution of available Information Education Communication materials provided by DOH-CO and their dissemination to respective districts/divisions;
 - Ensure that all logistic supplies including deworming drugs, supportive drugs and other essential supplies are adequate to cater to all enrolled school aged children in all public elementary schools, in coordination with DOH and LGU counterparts;
 - Accommodate requests for deworming drugs from private schools that wish to participate in the NSDD. DepEd must inform DOH for this special arrangement; and

- Orient MDAP one month before July 29, 2015 (National School Deworming Day). The orientation shall focus on NSDD strategies and procedures including management of possible Serious Adverse Events (SAE).
-
- b. DOH-CO, in coordination with DepEd shall be responsible for the following functions:
 - Develop implementation guidelines for the NSDD and disseminate to all regions and facilitate coordination and networking with partners & potential donors; and
 - Provide technical assistance through orientation/information dissemination.
- c. DepEd Division/Districts/Schools and Rural Health Units shall implement the mass deworming administration in public elementary schools, monitor that activity and evaluate the impact of the NSDD.

2. Implementation

- a. NSDD shall be done in accordance with the **Annex A: MDAP Guide**.
- b. All enrolled children in public elementary schools shall be simultaneously dewormed by the health personnel or teacher in the presence of a health personnel.
- c. School authorities in private schools are also encouraged to simultaneously conduct their own deworming activities.
- d. In school divisions that will cater to far flung or are located in Geographically Isolated Disadvantaged Areas (GIDA), deworming teams are enjoined to finish the campaign within a week inclusive of the mop-up operations. MDAPs must ensure that all children participating in the deworming have full stomach before taking the deworming drug.
- e. In the occurrence of SAE, the teacher or the MDAP should report the incident to the school nurse or any health worker present in the school. If the adverse reaction persists, the child should be referred to a nearby government hospital for further management. All government hospitals shall ensure treatment of any referrals related to mass deworming and report the case to MESU/CESU/PESU/RESU.

Health workers

- DepEd Health personnel
- Nurses and midwives from the Nurse Deployment Program/Rural Health Midwife Placement Program

Frontliners in the MDA

- School Teachers and clinic teachers will administer deworming drugs in the presence of a health personnel
- Members of the Parent Teachers Association (PTA), Barangay Health Workers and Community Health Teams will assist in the deworming

3. Procedural Guidelines

a. Reporting

- Each school shall have one NSDD point person responsible for the collection of reports.
- The prescribed forms were designed for a paper-based reporting system. Forms shall be accomplished by the designated MDAP. **Annex B** contains the summary of the reporting forms and instructions on how to complete them.
- Records and reports of all grade levels shall be collected and submitted to the school principal. The principal shall submit the reports to the Division Office duly noted by the district supervisor for consolidation. The division point person shall collect reports and submit it to DepEd regional point person. Regional point person shall collect all reports of school divisions and submit it to DOH-RO and DepEd-CO. **Annex C** contains the flow chart for reporting.
- Records and reports shall be sent via text message for unofficial reports. Unofficial and partial reports shall be submitted/sent to DOH-CO at 12:00 NN and final report at 6:00 PM on 29 July 2015. Deadline of submission from the different levels to DepEd Regional Office is at 4:00 PM.
- Final/official reports shall be submitted to DOH Regional Office at 5:00 PM and from DOH-RO to DOH-CO and DepEd-CO at 6:00 PM. The final report shall be released by the DOH-CO noted by DepEd-CO at 7:00 PM.
- Final and duly signed records and reports, along with the documentation of program, shall be submitted to DOH-CO/IHCP Team after five (5) working days from the conduct of NSDD.

b. Monitoring

- Monitoring shall be conducted during the pre-implementation, implementation and post-implementation phases. This will entail reviewing data received as scheduled. One of the NSDD strategies in monitoring is the use of **Annex B, Form 7: Rapid Coverage Assessment (RCA)**.
- RCA shall be conducted during and the week after NSDD. The objective is to measure the performance of every school, specifically to: (1) compare the total number of enrolled school-aged children and unenrolled school-aged children; (2) identify schools where there are missed school-aged children; and (3) take immediate action to deworm missed school children. This should include data source.
- The regional, provincial, municipal, and city health office teams shall perform the monitoring. Monitoring shall be done during the NSDD from the start of deworming until the preparation and submission of reports.
- The following procedures shall be observed in monitoring:
 - ✓ Assign monitoring teams per school division. Schedule the time and route of the teams per school. Ensure the presence of at least 1 MDAP Team per school.
 - ✓ Check the trend of the MDA coverage at 12:00 NN and before the cut-off of the NSDD at 4:00 PM.

- ✓ If there is a missed child, immediately communicate with the school principal to inform immediately the class adviser and gather information and reason behind the missed child.
- ✓ If the missed child did not actually get dewormed, he/she is considered true missed learner and must be dewormed immediately.
- SAEs shall also be monitored. Proper management and immediate referral to a hospital shall be carried out by the MDAP point person at the different levels. There are number of SAEs: those caused by the drugs themselves: e.g., an allergic reaction to the drugs and those caused by the parasites degeneration when they are killed: e.g. intestinal blockage.

c. Evaluation

- Evaluation of NSDD shall be done and analyzed by the DOH and DepEd regional offices and DOH IHCP Team.
- The evaluation shall be done according to the following indicators:

Expected output

1. The number of dewormed versus total enrolment, number of schools that participated over total number of schools in the division;
2. The coverage of NSDD; and
3. Problems and corresponding causes identified.

Formula

1. (Number of school children dewormed) / (Total enrolled K to G6 students) X 100;
2. (Number of elementary schools that participated) / (Total number of elementary schools) X 100; and
3. Number of human resources that participated.

Expected output shall be evaluated by the DOH/IHCP Team and DepEd.

Expected outcome: Increase in deworming coverage obtained in the NSDD which shall be evaluated by the DOH /IHCP Team and DepEd.

Impact: Reduction of the prevalence of STH infections that can be proven in future prevalence surveys

VII. ROLES AND RESPONSIBILITIES

A. Department of Health-Central Office (DOH-CO)

1. Leads the conduct of the NSDD on 29 July 2015 (Wednesday), and every January and July thereafter;
2. Formulates guidelines and procedures on the implementation of NSDD and disseminate to DOH Regional Offices;
3. Prepares a Memorandum of Understanding in coordination with DepEd and DILG;
4. Issues memorandum on the implementation of NSDD to all Regional Offices;
5. Conducts national advocacy with partners and other stakeholders;

6. Prepare communication plan, TV advertisement and prototype of IEC Materials, broadcaster's manual, recording and reporting forms and disseminate to DOH Regional Offices;
 7. Invites media to cover the implementation of NSDD;
 8. Develops activity design and orient DOH and DepEd Regional Coordinators;
 9. Procures, allocates and distributes in a timely manner all required deworming drugs per school division copy furnish DOH RO;
 10. Coordinates with the regional counterpart in all phases of NSDD; and
 11. Evaluates output, outcome and impact of NSDD.
- B. Department of Health-Regional Office (DOH-RO)
1. Leads the conduct of the NSDD on 29 July 2015 (Wednesday) at the Regional level, and every January and July thereafter;
 2. Reproduces and disseminates guidelines and procedures on the implementation of NSDD;
 3. Localizes memorandum on the implementation of NSDD to all LGUs (PHO/CHO and MHO);
 4. Conducts regional advocacy and social mobilization for the assistance partners and other potential donors;
 5. Reproduces and disseminates communication plan, tv advertisement and prototype of IEC materials, broadcaster's manual, recording and reporting forms;
 6. Invites media to cover the implementation of NSDD;
 7. Provides orientation to provincial/city health coordinators on activity design;
 8. Procures supportive/supplementary drugs and other logistics needed and monitor the delivery of deworming drugs per school division;
 9. Coordinates with the DILG/LGUs and DepEd regional counterpart in all phases of NSDD;
 10. Monitors the implementation of NSDD and submit coverage results to DOH Central Office/IHCP Team; and
 11. Evaluates output, outcome and impact of NSDD.
- C. Department of Education-Central Office (DepEd-CO)
1. Directs the participation of DepEd regional counterpart in the implementation of NSDD;
 2. Issues memorandum and guidelines on the implementation of NSDD to DepEd regional offices; and
 3. Conducts national advocacy for the assistance partners and other stakeholders.
- D. Department of Education-Regional Office (DepEd-RO)
1. Localizes memorandum on the implementation of NSDD to all divisions and district offices;
 2. Coordinates with DOH regional office in all phases of NSDD;
 3. Conducts regional advocacy for the assistance partners and other stakeholders;
 4. Provides orientation to schools division superintendent on activity design; and
 5. Submits consolidated reports of all school divisions to DOH regional office.
- E. Department of Education-Division/District Office
1. Coordinates with LGUs in all phases of NSDD implementation;

2. Consolidates reports of district offices and submit to DepEd regional office; and
3. Supervises and ensures the smooth conduct of the NSDD.

F. School

1. Assign an NSDD point person;
2. Prepares the masterlist of children to be dewormed;
3. Orients and coordinates with the PTA and other stakeholders in the conduct of the NSDD;
4. Ensures collection of **Annex D**: parent's consent before deworming;
5. Administers the deworming drug through a health personnel or a teacher supervised by a health personnel; and
6. Prepares and submits report.

G. Provincial / City Health Division

1. Coordinates with local partners and potential donors;
2. Disseminates IEC Materials for the implementation of NSDD;
3. Conducts MDAP Orientation;
4. Monitors the delivery of drugs and supplies; and
5. Supports the DepEd division office on the implementation of NSDD.

H. DILG/Local Government Units

1. Coordinates with local partners, potential donors and referred hospitals/responders;
2. Disseminates IEC Materials for the implementation of NSDD;
3. Conducts orientation of schools;
4. Supports schools in the implementation of NSDD thru augmentation of health staff;
5. Monitors the delivery of drugs and supplies;
6. Supports the DepEd district office on the implementation of NSDD; and
7. Conducts RCA to monitor performance of every school during the NSDD.

MASS DEWORMING ADMINISTRATION PROCEDURE (MDAP) GUIDE

1. Pre-deworming

- a. Prepare enrollment list
- b. Ensure availability of deworming and supportive drugs
- c. Be familiar with the following information:

Recommended drug for MDA - The DOH recommends the following drugs for mass treatment:

- Albendazole 400mg chewable, flavoured tablet
- Mebendazole 500mg chewable, flavoured tablet

Precautionary Measures on Mass Deworming

Albendazole or Mebendazole is not recommended if the child:

- is seriously ill ;
- has high fever;
- is experiencing abdominal pain;
- has diarrhea; or
- previously suffered hypersensitivity to the drug.

Serious Adverse Events (SAE) following deworming

MDAP shall ensure that the children will take deworming drugs on **full stomach**.

2. Deworming

- a. Clean drinking water should be available at the school on the treatment day.
- b. Each learner shall receive one table of deworming drug.
- c. The MDAP should ensure that each child chewed and swallowed the tablet.
- d. The names of the children who are absent on NSDD should be recorded by the teacher and these children should be treated when they return to school. Children who are ill on treatment day should not receive drugs. This is not because of any danger of adverse events, but to prevent the potential misperception that the deworming medicine caused the illness. These children should be given the anthelmintic drug later when they are well again.
- e. Ensure all Rural Health Units and hospitals are ready for SAE referrals.
- f. Ensure that the required number of drugs is available.

3. Post-deworming

- The class adviser shall make sure that all children listed in the masterlist were given deworming drugs.
- NSDD point person to collate and submit report (please see **Annex C**).

RECORDING AND REPORTING FORMS

1. How to fill-up the forms.

- Form 1 : Classroom Level** - This form shall be accomplished by the class adviser and to be submitted to grade level chairperson for approval. Name of child and gender must be properly indicated. Essential Health Care Package: hand washing, toothbrushing and feeding are also cited and must be carried out prior to deworming. "Remarks" pertains to reason for not having the child dewormed and if some adverse events occurred, management given is also included.
- Form 2 : School Level Report** - This form shall be accomplished by the school point person, and must be signed by the principal and shall be submitted to the district point person. Total number of enrolled and dewormed children per grade level shall be indicated. "Remarks" pertains to number of children that were not dewormed and reason for such.
- Form 3 : District Level Report** - This form shall be accomplished by the district point person, and must be signed by the district supervisor, and shall be submitted to the division point person. Total number of enrolled and dewormed children per school shall be indicated. "Remarks" pertains to number of schools which have children that were not dewormed and reason(s) for such.
- Form 4 : Division Level Report** - This form shall be accomplished by the division point person, and must be signed by schools division superintendent, and shall be submitted to the regional point person. Total number of enrolled and dewormed children per district shall be indicated. "Remarks" pertains to number districts which have children that were not dewormed and reason(s) for such.
- Form 5 : Regional Level Report** - This form shall be accomplished by the regional point person and must be signed by the regional director. Total number of enrolled and dewormed children per division shall be indicated. "Remarks" pertains to number of divisions which have children that were not dewormed and reason(s) for such. Once approved, the form shall be forwarded to the DOH- Regional Office who shall submit the unofficial and final report to DOH Central Office and furnish copy to DepEd Central Office.
- Form 6 : National Level Report** - This form shall be accomplished by the IHCP Team of the DOH CO. Total number of enrolled and dewormed children per region shall be indicated. "Remarks" pertains to success rate of NSDD, if the MDA coverage is equal or more than 85% of the enrolled children. If lower than 85% measures must be taken to know the reasons why it happened and work for its improvement.
- Form 7 : Rapid Coverage Assessment Form** - This form shall be accomplished by the NSDD point person at all levels to measure the performance of every school, identify schools where there are missed school aged children and take immediate action to deworm them.
- Notification Letter** : This letter shall be signed by the school principal and be given to the parents/guardians of the students during enrolment and returned back to the class adviser ready for the conduct of the health services like deworming.

Form 1 – Classroom Level

National School Deworming Day

Region: _____ Division: _____ District: _____

School ID : _____

Name of School: _____

Enrolment: _____ Grade level and Section: _____

Name of Child	4Ps Beneficiaries		Dewormed		Remarks	Actions Taken
	4Ps	Non-4Ps	4Ps	Non-4Ps		
1.						
2.						
3.						
4.						
5.						
6.						

Accomplished by: _____

Noted by: _____

Class Adviser

Grade Level Chairman

Date Accomplished: _____

Form 2 – School Level

National School Deworming Day

Region: _____ Division: _____ District: _____

School ID : _____

Name of School: _____

Grade Level	Enrolment		No. of Children Dewormed		Remarks
	4Ps	Non 4Ps	4Ps	Non 4Ps	
Kinder					
Grade 1					
Grade 2					
Grade 3					
Grade 4					
Grade 5					
Grade 6					
Total					

Accomplished by:

Noted by:

School Principal

District Supervisor

Date Accomplished: _____

National School Deworming Day

Region: _____

Division: _____

District: _____

School ID	School Name	Enrolment		No. of children Dewormed		Remarks
		4Ps	Non 4Ps	4Ps	Non 4Ps	
	Total					

Accomplished and Submitted by:

Approved by:

_____ District Point Person

_____ District Supervisor

Date Accomplished: _____

Form 4 – Division Level

National School Deworming Day

Region: _____

Division: _____

District	Enrolment	No. of children Dewormed	Remarks
Total			

Accomplished and Submitted by:

Approved by:

Division Point Person

Schools Division Superintendent

Date Accomplished: _____

Form 5 - Regional Level

National School Deworming Day

Region _____

Division	Enrolment	No. of Students Dewormed	Remarks
Total			

Accomplished and Submitted by:

Approved by:

Regional Point Person

Regional Director

Date Accomplished: _____

Form7 – Rapid Coverage Assessment (RCA)

National School Deworming Day

Region: _____ Date: _____

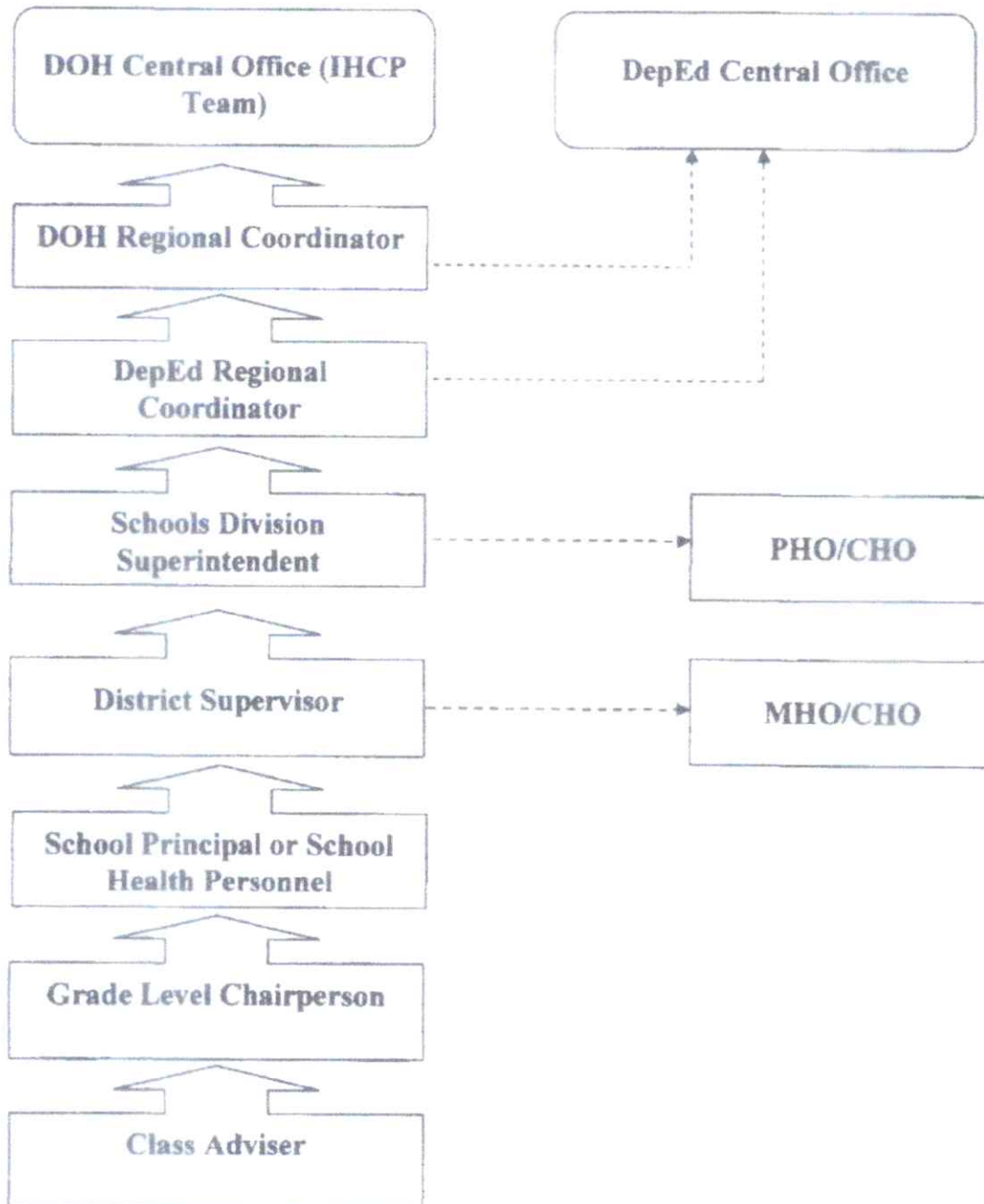
Division: _____ District: _____

Location (Municipality, Province): _____

No.	Name of School	4Ps Dewormed		Non 4Ps Dewormed		Reasons for Non- Coverage
		YES	NO	YES	NO	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Accomplished by: _____

FLOW OF RECORDING AND REPORTING





Republic of the Philippines
Region ____



NOTIFICATION LETTER

DIVISION: _____ SCHOOL: _____
ADDRESS: _____ DATE: _____
STUDENT'S NAME: _____
STUDENT'S ADDRESS: _____
NAME OF PARENT / GUARDIAN: _____

Dear Parent/Guardian:

This school as a Public Elementary School will conduct the following health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU):

- General Health Examination and appropriate Intervention
- Oral Health Examination and appropriate Intervention
- Nutritional Status Assessment and appropriate Intervention
- Mass Drug administration
 - Worms
 - Schistosomiasis (only in endemic areas)
 - Filariasis (only in endemic areas)
- Iron Supplementation (as per DOH recommendation)
- Immunization
 - Grade 1 (MCV, Td)
 - Grade 4 (HPV)
 - Grade 7 (Td, MR)

This Notification is being issued to you as information of the activity that will be conducted on SY 2015-2016. Should you have further questions/ clarifications on this matter, please get in touch with Principal/ School Head.

Thank you.

Very truly yours,

(Name of Principal/ School Head)

ACKNOWLEDGMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of free school based health services.

I have read and understood the information regarding the intended health services to be given to my child.
(Please check in the box provided)

- Yes, I will allow my child to be provided the health services as per DOH recommendation
- Yes, I will allow but only for these services: _____
- No, I will not allow my child to receive the health service benefits. Reason
(Please specify): _____

Name and Signature of Parent/ Guardian



Republic of the Philippines
Department of Education

REGION I
 SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM

18 MAR 2026

No. **197** s. 2026

UPDATED REPORTING MECHANISM FOR SCHOOL-BASED DEWORMING PROGRAM AND CONDUCT OF NATIONAL PARASITE PREVALENCE SURVEY (NPPS)

To: Assistant Schools Division Superintendent
 Chief Education Supervisors
 Unit & Section Heads
 Public and Private School Heads Concerned
 All Others Concerned

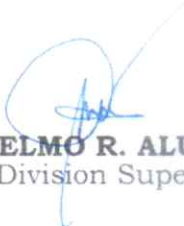
1. In support of the Department of Health (DOH) implementation of the Soil-Transmitted Helminthiasis Mass Drug Administration (STH MDA) and the National Parasite Prevalence Survey (NPPS), this Office announces the updated reporting mechanism for accomplishment reports, effective January 2026 onwards:

New Age Disaggregation Data Reporting	1-4 years old 5-14 years old 15-19 years old
Names of Rounds and Deadline for Reporting	January Round: Every March 31 st July Round: Every September 30 th

2. In view of these changes, all school heads are advised to submit the updated deworming report containing the required data disaggregation on or before March 24, 2026. This will allow the Schools Division Office sufficient time to consolidate the reports for regional submission.

3. For detailed guidelines, please refer to the attached DepEd Memorandum OM-OUOPS-2026-08-08029 and DOH Department Circular No. 2025-0404.

4. Immediate dissemination of and strict compliance with this Memorandum is desired.


ANSELMO R. ALUDINO
 Schools Division Superintendent

Encl.: None
 Reference: As stated
 To be indicated in the Perpetual Index
 under the following subjects:

PROGRAM DEWORMING

SGOD/jbj/DM-UpdatedDewormingMechanism
 2604196/26013/March 13, 2026



DepEd Batac City



batac.city@deped.gov.ph



www.csdbatac.com

Asuncion Street, 16-S Quiling Sur,
 City of Batac, Ilocos Norte
 Telephone No.: (077) 677-1993

SDCB RECORDS UNIT
2604196

Department of Education
SCHOOL DIVISION OFFICE
Department of Education
SCHOOLS DIVISION OF THE CITY OF BATAC

Department of Education
Schools Division of the City of Batac
RECEIVED
MAR 10 2026
BY: [Signature] TIME: 11:09

MEMORANDUM
OM 00GOPS 1026 08 08029

ALL REGIONAL DIRECTORS
ALL SCHOOLS DIVISION SUPERINTENDENTS
ALL SCHOOL HEADS CONCERNED
ALL OTHER CONCERNED

[Signature]
MALCOLM S. GARMIA

UPDATED REPORTING MECHANISM FOR SCHOOL BASED
DEWORMING PROGRAM AND CONDUCT OF NATIONAL
PARASITE PREVALENCE SURVEY (NPPS)

The purpose of this memorandum is to inform all concerned of the updated reporting mechanism for the School Based Deworming Program and the conduct of the National Parasite Prevalence Survey (NPPS). The updated reporting mechanism is designed to ensure that all data are reported accurately and in a timely manner. The updated reporting mechanism is as follows:

Age Disaggregation:

January Round:

May Round:



School health and nutrition personnel are encouraged to **closely coordinate with the DOH Center for Health Development (CHD) STH MDA program managers** for the facilitation of the descriptive rounds and submission of reports based on the updated reporting mechanism.

B. National Parasite Prevalence Survey (NPPS)

In 2025, DOH and RTM has collaborated to conduct the first phase of the NPPS to establish an updated baseline data to support national targets as outlined in the Philippine Multi-Disease Elimination Plan 2025-2030. To support this, DepEd, through the Governance and Operations Strand has issued *OGGOPS Memorandum No. OGP/OGGOPS/2025-08-03367* titled "*Regional Orientation and Planning Workshop for the Conduct of National Parasite Prevalence Survey*" which involved survey sites in Region III and CAR.

For 2025, we respectfully request the **assistance and support of Regional and School Division Offices (ROs and SDOs) through the School Health and Nutrition Unit** to the continued implementation of the national survey. ROs and SDOs, through their respective Compliance Officers for Privacy, shall ensure that activities related to the administration of surveys adhere to the relevant provisions of Republic Act No. 10173, otherwise known as the *Data Privacy Act of 2012*, and its Implementing Rules and Regulations, and other relevant issuances from the National Privacy Commission. Further, updates regarding the activities related to the conduct of NPPS may be communicated through a separate advisory by the Bureau of Learner Support Services.

Accommodation expenses for the conduct of the activities related to NPPS shall be borne by the organizer, DOH and RTM. Meanwhile, transportation and other related expenses of DepEd participants shall be charged to local funds or program support funds (PSF), subject to usual accounting and auditing rules and regulations.

For questions and concerns, please contact the Bureau of Learner Support Services—School Health Division through R23 8632 9933 or email at rls@deped.gov.ph.



DepEd Center for Health Development | 11th Floor, 1201A, C.A. Wright Plaza, Manila, Metro Manila 1201
tel: (02) 8632 9933 | fax: (02) 8632 9934
web address: www.doh.gov.ph | www.rtm.gov.ph





August 28, 2025

DEPARTMENT CIRCULAR

No. 2025 - 0404

TO: ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), CHIEFS OF DOH HOSPITALS, MEDICAL CENTERS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, ATTACHED AGENCIES, LOCAL HEALTH SYSTEMS DIVISION CHIEFS, AND OTHERS CONCERNED

SUBJECT: Advisory on the Conduct of the National Parasite Prevalence Survey for Schistosomiasis and Soil-Transmitted Helminthiasis by the Research Institute for Tropical Medicine (Phase I)

The Department of Health (DOH), through the Integrated Helminth Control Program (IHCP) and the Schistosomiasis Control and Elimination Program (SCEP), acknowledges the need to update the National Parasite Prevalence Survey (NPPS) for Schistosomiasis (SCH) and Soil-Transmitted Helminthiasis (STH). The latest NPPS was conducted last 2015 through the collaborative efforts of the DOH and the Research Institute for Tropical Medicine (RITM) with the objectives of determining the prevalence of STH infections using the Kato-Katz technique among individuals ages 5-16 years old, and updating the prevalence of *S. japonicum* in the country, particularly in endemic areas to determine the intensity of infections.

For this year, the DOH and RITM will be collaborating again to conduct NPPS. This is to establish an updated baseline data to support national set targets for both the IHCP and SCEP, as outlined in the Philippine Multi-Disease Elimination Plan 2024- 2030 (MDEP), particularly for the possible elimination of Schistosomiasis with a decrease of the proportion of heavy intensity infection to <1%. Further, the updated results would guide the Program in adjusting the frequency of mass drug administration (MDA) for both diseases, which is a vital strategy in reducing the burden of disease, per the World Health Organization (WHO) recommendation.

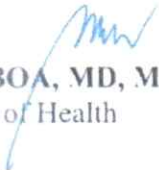
Relative to this, the **Centers for Health Development (CHDs) and the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) Regional Program Managers and Coordinators for SCEP and IHCP** are hereby being requested to provide **full support and assistance on the conduct of NPPS** during the full course of the implementation, which will take 2-3 years such as the following but not limited:

- Coordination with the concerned implementing units and facilities and other relevant offices;
- Provision of vehicle and other logistical support, if available;
- Allocation of space for interim/makeshift laboratory set-up or for other necessary equipment for the survey, if available;

- Assistance of regional or provincial health care workers (e.g., medical technologists, barangay health care workers, etc.), if available;
- Cascade the needed assistance to all concerned implementing units; and
- Other relevant support that would contribute to the successful conduct of the study.

All concerned are hereby enjoined.

By Authority of the Secretary of Health:


GLORIA J. BALBOA, MD, MPH, MHA, CEO VI, CESO III
Assistant Secretary of Health



February 18, 2026

DR. PAULA PAZ M. SYDIONGCO, MPH, MBA, CESO III

Regional Director

DOH – CHD Region I

San Fernando City, La Union

Attention: Provincial DOH Office-Ilocos Norte
Provincial DOH Office- Pangasinan

Subject: Attendance to the NPPS Regional Orientation and Planning Workshop

Dear Dr. Sydiongco,

The Department of Parasitology of the Research Institute for Tropical Medicine (RITM) serving as the National Reference Laboratory (NRL) for Malaria and Other Parasites, was commissioned by the Department of Health Integrated Helminth Control Program (IHCP) and Schistosomiasis Control and Elimination Program (SCEP) to conduct the study entitled, "Updating the prevalence and distribution of soil-transmitted helminths (STH) and schistosomiasis among preschool (PRESAC) and school-aged children (SAC) in selected provinces in the Philippines: A cross-sectional study (NPPS 2025)".

As background, the most recent nationwide survey conducted by RITM during 2013–2015 confirmed that the cumulative prevalence of STH remains well above global targets, while schistosomiasis persists at low but significant levels in endemic areas.

The study aims to assess the current prevalence and intensity of STH and schistosomiasis infections among preschool-aged children (1-5 years old) and school-aged children (6-19 years old) in selected provinces and provide data-driven recommendations for optimizing control strategies in the Philippines. The survey will commence 3 months after the conclusion of the mass drug administration to enable accurate assessment. Informed consent and assent will be given out in compliance with ethical standards.

We have randomly selected the provinces of **Ilocos Norte and Pangasinan** as study sites. Below is the list of schools that were selected:

Division	District	School Name	Grade Level
School division of Ilocos Norte	Piddig	Tonoton ES	Kinder to Grade 3
	City of Batac	Cumcumraas-Manggaddi-Pitpitac ES	Grade 4 to 6
	Marcos	Santiago NHS	Grade 7 to 10
	Bangui	Lanao NHS	Grade 11 to 12





Division	District	School Name	Grade Level
School division of Pangasinan	Lingayen (Capital)	Dulag ES	Kinder to Grade 3
	Dagupan City	West Central Elementary School I	Grade 4 to 6
	City of Alaminos	Alaminos City National High School	Grade 7 to 10
	Malasiqui	Lareglareg National High School	Grade 11 to 12

In line with this, we would like to invite 2 representatives from your office as well as 1 representative each from PDOHO Ilocos Norte and PDOHO Pangasinan to attend the NPPS Regional Orientation and Planning on March 17-20, 2026 in Baguio City (venue will be communicated later). The event will provide detailed information about the study including the methodology, specimen handling, expected output, consent and assent taking. Finalization of schedule will also be discussed during the activity.

RITM will provide meals and accommodation for this activity, but we request that travel expenses be covered by the sending agency. Your participation and technical insights are crucial to the success of this activity.

The Disease Control and Prevention Bureau (DPCB) and Department of Education (DepEd) have endorsed this activity. Attached is their letter/memorandum for reference.

Kindly confirm your attendance by February 26, 2026. Our staff, Ms. Sabrina Parungao, will coordinate with your office regarding this matter. You may also email us at npps2025@gmail.com or call at (02) 8807-2631 local 343.

Thank you for your consideration. We look forward to your positive response and remain available to discuss the survey in further detail at your convenience, if needed.

Sincerely,

JENNIFER S. LUCHAVEZ, MSc.

Principal Investigator and OIC-Head Parasitology
Department

AMADO O. TANDOC III, MD, FPSP

Chief, Laboratory Research Division

Noted by:

ATTY. ANA LIZA P. HOMBRADO-DURAN, MD, FPPS, MMHoA
Director

