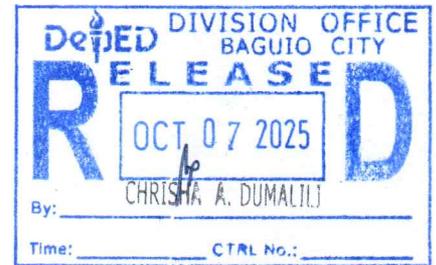




Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY



07 October 2025

DIVISION MEMORANDUM

No. 631-2025

**MONITORING AND REPORTING OF RESPONSE INTERVENTIONS
PROVIDED TO SCHOOLS AFFECTED BY TROPICAL CYCLONES
NANDO AND OPONG**

To: Chief Education Supervisors
Public Schools District Supervisors
Public School Heads
School DRRM Coordinators
All Others Concerned

1. Complying with DRRMS Memorandum 09-30-2025-0005 titled "*Monitoring and Reporting of Response Interventions Provided to Schools Affected by Tropical Cyclones Nando and Opong*," all schools with response interventions during the onslaught of Tropical Cyclones Nando and Opong are required to submit the data required through this link: <https://bit.ly/42hhSfV>.
2. Attached herewith is the DRRMS Memorandum for your reference.
3. For queries or clarifications, please contact Mr. Cliftone K. Bangse-il, Division DRRM Coordinator, through cliftone.bangseil@deped.gov.ph or viber using this number: 0946-427-8377.
4. Immediate dissemination of this Memorandum is desired.

SORAYA T. FACULO PhD, CESO VI
Schools Division Superintendent

SGOD/SMN/DRRM/ckb



Republika ng Pilipinas
Department of Education

DISASTER RISK REDUCTION AND MANAGEMENT SERVICE

MEMORANDUM

DRRMS- DRRMS-09-30-2025-0005

TO : **ALL REGIONAL DIRECTORS CONCERNED**
ALL SCHOOLS DIVISION SUPERINTENDENTS CONCERNED
ALL DRRM COORDINATORS CONCERNED
ALL SOCIAL MOBILIZATION EDUCATION PROGRAM
SPECIALISTS CONCERNED
(Regions CAR, NCR, I, II, III, MIMAROPA, CALABARZON, V, VI, NIR, VII, VIII, X)

FROM : **FELINO O. CASTRO V**
Director IV

SUBJE : **Monitoring and Reporting of Response Interventions Provided to Schools Affected by Tropical Cyclones Nando and Opong**

DATE : September 30, 2025

In light of the ongoing disaster response operations for Tropical Cyclones *Nando* (Ragasa) and *Opong* (Bualoi), the Department of Education, through the Disaster Risk Reduction and Management Service (DRRMS), as the lead agency of the Education Cluster, requests all affected DepEd field offices and Education Cluster members and partners to monitor and report the response interventions provided to affected schools, learners, and personnel.

The monitoring and timely reporting of interventions are essential during the response phase to ensure that resources and assistance provided by the Department of Education and partner organizations reach the intended beneficiaries, and prevent duplication of interventions, identifies service gaps, and supports harmonized response.

All reports shall be consolidated using the prescribed **5W (Who, What, Where, When, for Whom)** reporting format, which is accessible through this link <https://bit.ly/42hhSfV>. Timely submission is vital in guiding immediate action and mobilizing resources to restore normalcy and safeguard the welfare of our learners and personnel.

Please refer to Annex A to guide you in filling out the 5W Template.

For guidance and compliance.



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Doc. Ref. Code	DM-DRRMS	Rev	01
Effectivity	03.23.23	Page	1 of 3



Certificate No. 194P 0883
 22 83 8684

Annex A: Guidelines on Filling Out the 5W Template (Education Cluster)

Please accomplish the reporting template completely which can be found in this link and QR code.



<https://bit.ly/42hhSfV>

Interventions must be recorded on the worksheet/tab of the region where the intervention was provided. For example, if the intervention was delivered in Region V, the entry should be input in the **“REGION V”** sheet.

Below are instructions for each column:

- 1. PROVINCE** – Write the province where the intervention was provided. If not applicable (e.g., NCR), leave it blank.
- 2. CITY/MUNICIPALITY** – Specify the city or municipality covered.
- 3. DISASTER** – State the name of the disaster or emergency (e.g., Typhoon Opong).
- 4. NAME OF AGENCY/ORGANIZATION** – Provide the full name of the organization delivering the intervention (e.g., CHED/TESDA/DepEd Regional Office, UNICEF, Save the Children)
- 5. AGENCY/ORGANIZATION TYPE** – Categorize the organization (e.g., Government, UN, NGO, CSO, Private Sector).
- 6. SCHOOL ID** – Input the official school ID (as per DepEd records).
- 7. SCHOOL/CDC NAME** – State the full name of the school or Child Development Center (if applicable).
- 8. TYPE OF ASSISTANCE** – Describe the intervention provided (e.g., Cash/Voucher Assistance, In-kind, Others).
- 9. CASH MODALITY** – Fill-out this field only if the type of assistance falls under Cash/Voucher Assistance.
 - Cash Grant (Conditional)* – Direct transfer of money to beneficiaries, subject to specific conditions being met (e.g., children must attend school, health check-ups must be completed).
 - Cash Grant (Unconditional)* – Direct transfer of money to beneficiaries with no conditions attached; beneficiaries have full discretion on how to use the funds.
 - Cash Voucher (Conditional)* – A paper or electronic voucher provided to beneficiaries to access specific goods or services, redeemable only if conditions are met (e.g., redeemable for school supplies if learner is enrolled).

Cash-for-Work – Short-term employment program where beneficiaries receive cash in exchange for work (e.g., debris clearing, repair of classrooms, setting up temporary learning spaces).

Rental Support (Conditional) – Cash assistance provided to beneficiaries to cover rental costs, conditional upon securing or maintaining safe and appropriate shelter.

10. IN-KIND – Indicate the type of in-kind or non-cash support provided (e.g., hygiene kits, school supplies, food packs, teaching materials, equipment, services).

11. QUANTITY – Specify the total number of in-kind or other items distributed (e.g., 200 hygiene kits, 50 armchairs, 1 generator). If the intervention is cash-based, include the total amount provided/distributed.

12. TYPE OF BENEFICIARIES – Select the type of beneficiaries for the intervention provided (e.g., Early Childhood Education (ECE) learners, Kindergarten to Grade 3 (K-3) learners, Grades 1 to 3 (K-3) learners, teachers)

13. NUMBER OF BENEFICIARIES – Provide the number of beneficiaries, disaggregated by:

MEN – Adult male beneficiaries

WOMEN – Adult female beneficiaries

BOY – Male learners (children/adolescents)

GIRL – Female learners (children/adolescents)

PWD – Persons with disability among the beneficiaries

14. STATUS – Indicate whether the intervention is *Ongoing*, *Completed*, or *Planned*.

15. START DATE – Date when the intervention started (MM/DD/YYYY).

16. FINISH DATE – Date when the intervention ended or is expected to end (MM/DD/YYYY).

16. REMARKS – Provide additional details, challenges encountered, or clarifications about the intervention.