

Department of Education

Region IV-A SCHOOLS DIVISION OF QUEZON PROVINCE



20 January 2023

OFFICE MEMORANDUM OM No. <u>616</u>, s. 2023

COLLECTION OF SEX-DISAGGREGATED DATA FOR SCHOOLS DIVISION OFFICE AND ITS SUB-OFFICES PERSONNEL

To: Assistant Schools Division Superintendents

Division Chiefs

Division Section/Unit Heads Division GAD Focal Point System

All Others Concerned

Pursuant to Republic Act No. 9710 (Magna Carta of Women), and DepEd Order No. 32, s. 2017 (Gender Responsive Basic Education Policy), all agencies across different levels of governance are mandated to gather and analyze sex-disaggregated data (SDD) and gender information to serve as basis for informed planning and budgeting in gender and development (GAD).

In light of the aforesaid need to develop and maintain GAD database, this Office through the Division GAD Focal Point System (GFPS) requests all personnel from the Division Office and its Sub-Offices to accomplish the online survey form through **tinyurl.com/SDD-survey23**.

The said online form contains indicators that describe relevant sex and gender information of the employees. The data will be used as reference in the preparation and development of the FY 2024 GAD Plan and Budget.

Please be advised that dealine of accomplishing the online survey form is on **February 13, 2023**. For reference on the content of the survey form, please see Enclosure.

For wide dissemination and strict compliance.

ELIAS A. ALICAYA JR., EdD

Assistant Schools Division Seperintendent Officer-In-Charge

Office of the Schools Division Superintendent

hrdmgd01/20/2023

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Enclosure to OM No. 016, s. 2023

Screenshots of the SDD Survey



Online Survey: COLLECTION OF SEX-DISAGGREGATED DATA FOR SCHOOLS DIVISION OFFICE AND ITS EXTENSION OFFICES PERSONNEL

This form shall be used for the online collection of sex-disaggregated data and gender information among SDO personnel. This survey shall be participated by all employees of the Division Office and its extension offices including the PSDSs and District Nurse-incharge. The results of this survey shall be used as reference in the preparation of the FY 2024 GPB in compliance to RA 9710, DepEd Order No. 32, s. 2017, and PCW-NEDA-DBM JC No. 2012-01

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sdo.quezon.gad@deped.gov.ph Switch account

* Required

DATA PRIVACY NOTICE

Pursuant to Data Privacy Act of 2012, the Department of Education - Division of Quezon recognizes * the privacy and the security of your personal information. Please be informed, therefore, that by using this survey instrument, we may collect and store personal information about you. Rest assured that any information collected will be protected and will only be used for the purpose of GAD database in the division which will serve as reference for implementing gender-responsive PPAs. Should you have further questions, the Division GFPS members are ready to assist you. You may channel your concerns through sdo.quezon.gad@deped.gov.ph.



I Agree

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DATA CONSENT FORM

I confirm that I have read and understood the purpose of this survey instrument. I also recognize that my participation in this survey is entirely voluntary and that I am free to withdraw at any time during the course of the survey without consequence. Further, I understand that any information resulting from this survey will strictly be treated confidential and solely be used for the stated purpose and that I may have opportunity to ask questions anytime. Hence, I agree to take part in this survey.



INTELLECTUAL PROPERTY NOTE

This survey instrument is a property of the DepEd-Division of Quezon which is lifted on different legal and relevant sources on gender and development. Hence, no part of this instrument may be reproduced in whatever forms without prior written permission from the Division.

Next Clear form

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SURVEY INSTRUMENT

General Guidelines:

This survey instrument aims to institutionalize Division GAD database with adequate and systematically gathered sex-disaggregated data and gender information which will provide the bases for gender analysis, planning, programming and policy formulation in the division. Specifically, this instrument contains indicators that describe the sex and gender information of the employees. Please accomplish this tool with utmost honesty.

Direction: Please put a check mark (/) on the box appropriate to your response to the information needed below.

NAME (FIRST NAME, MI, SURNAME) *

Your answer

NAME (FIRST NAME, MI, SURNAME) *

Your answer

SEX ASSIGNMENT AT BIRTH *

Choose

PERSONAL INFORMATION

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1. Functional Division *			
Choose		•	
2. Age *			
Choose ▼			
3. Years in Service (DepEd) *			
Choose			
4. Highest Educational Attainment *			
Choose		•	
5. Monthly Income *			
Choose	•		

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 Special Needs/Conditions Responses should be based on expert's diagnosis based on your existing condition may select more than one when applicable. 	ns. You
6.1. Physical *	
Muscular	
Dystrophy	
Multiple Sclerosis	
Chronic Asthma	
☐ Epilepsy	
None	
Rather Not Say	
Other:	
6.2 Developmental (You may select more than one when applicable) *	
6.2. Developmental (You may select more than one when applicable) *	
6.2. Developmental (You may select more than one when applicable) * Down Syndrome	
Down Syndrome	
Down Syndrome Autism	
Down Syndrome Autism Dyslexia	
Down Syndrome Autism Dyslexia Processing Disorder	

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6.3. Behavioral/Emotional (acquire upon employment)(You may select more than one when applicable)	
☐ ADD	
☐ Bi-Polar	
Oppositional Defiance Disorder	
None	
Rather Not Say	
Other:	
6.4. Sensory Impaired (You may select more than one when applicable) *	
6.4. Sensory Impaired (You may select more than one when applicable) * Blind	
Blind	
☐ Blind ☐ Visually Impaired	
☐ Blind ☐ Visually Impaired ☐ Deaf	
 □ Blind □ Visually Impaired □ Deaf □ Limited Hearing 	

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7	Hoal	th	Can	diti	nne

Responses should be based on medical diagnosis based on your existing health conditions. You may select more than one when applicable.

7.1.1	7.1. With Infectious Disease *		
	Acute Respiratory Infection		
	A (H1N1)		
	Bird Flu		
	Chickenpox		
	Cholera		
	Dengue		
	Diarrhea		
	Ebola Reston		
	Filariasis		
	Hepatitis (A, B, C)		

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10000	HIV/AIDS	
	Influenza	
	Malaria	
	Measles	
	Novel Coronavirus	
	Poliomyelitis	
	Rabies	
	Severe Acute Respiratory Syndrome (SARS)	
	Sexually Transmitted Infections (STIs)	
	Tuberculosis	
	Typhoid Fever	
	None	
	Rather Not Say	
	Other	
7.2	With Non-Infectious Disease (You may select more than one when applicable) *	
7.2	With Non-Infectious Disease (You may select more than one when applicable) * Alzheimer's Disease	
7.2		
12	Alzheimer's Disease	
7.2	Alzheimer's Disease Cancer	
12	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis	
12	Alzheimer's Disease Cancer Epilepsy Osteoarthritis	
120	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease Heat Stroke	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease Heat Stroke High Blood Pressure or Hypertension	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease Heat Stroke High Blood Pressure or Hypertension Obesity and Overweight	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease Heat Stroke High Blood Pressure or Hypertension Obesity and Overweight Diabetes	
	Alzheimer's Disease Cancer Epilepsy Osteoarthritis Osteoporosis Cerebrovascular disease (stroke) Chronic Obstructive Pulmonary Disease (COPD) Coronary Artery Disease Heat Stroke High Blood Pressure or Hypertension Obesity and Overweight	

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Substance Abuse: Alcohol	
Substance Abuse: Ecstasy	
None	
Rather Not Say	
Other:	
8. Religious Affiliation *	
Aglipay	
Buddhist	
Iglesia Ni Cristo	
Jehovah's Witness	
Protestant	
Seventh Day Adventist	
Roman Catholic, including Catholic Charismatic	
None	
Rather Not Say	
Other:	

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9. Marital Status *
Choose
10. Employment Status *
Choese -
11. Gender identity (refers to how you want to identify yourself) *
Choose
12. Solo parent (Refer to RA 8972) *
Choose -
13. With reported case of abuse (supported with legal document/s) (You may select more than one * when applicable)
Physical
Psychological
Sexual
Financial —
None
Rather Not Say
Other:

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14. Mode of Transportation (from current residence to work & vice-versa) (You may select more * than one when applicable)
Motorcycle Tricycle Jeep Van Bus None Other:
15. Members of Minority People (Indigenous People) *
Aetas Agtas Badjaos Dumagat
None (N/A) Rather Not Say Other:
Back Submit Clear form

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