



Republic of the Philippines
Department of Education
REGION III – CENTRAL LUZON
SCHOOLS DIVISION OFFICE-SCIENCE CITY OF MUNOZ

November 17, 2021

DIVISION MEMORANDUM

No. 520, s. 2021

SUBMISSION OF OK sa DepEd OPLAN KALUSUGAN ACCOMPLISHMENT REPORT

To:

Public Elementary and Secondary School Heads
School Health and Nutrition Coordinators
All Others Concerned

1. Ok sa DepEd Oplan Kalusugan Program in consonance with DepEd Order No. 28 s. 2018 entitled Policy and Guidelines on Oplan Kalusugan sa Department of Education, consist of Six Flagship Program in Health and Nutrition. These are the School Based Feeding Program, National Drug Education and Prevention Program, Adolescent and Reproductive Health Program, Water Hygiene and Sanitation Program, Medical, Dental and Nursing Services and Psychosocial and Mental Health Program. These programs are implemented to all Public Elementary and Secondary Schools to ensure the health, safety and well-being of all learners, improve their nutritional status, thereby increasing educational potential and develop and practice good healthy habits that can eventually can do on their own.
2. In connection with this, all Public Elementary and Secondary Schools are hereby directed to submit their accomplishment report under the Oplan Kalusugan Program in DepEd from April 2021 to December 2021. Attached herewith is the Revised OKD Form A for your perusal.
3. Submission of the accomplishment report using the aforementioned form is on or before December 15,2021.
4. For queries, please contact MARIANNE C. CORONEL, MD, Medical Officer III at CP no. 09285040801 or via DepEd Email at marianne.coronel@deped.gov.ph.
5. Immediate dissemination and compliance of this memorandum is desired.

DANTE G. PARUNGAO, CESO VI

Officer-in-Charge

Office of the Schools Division Superintendent



Loyal, Excellent, Accountable and Dedicated to Service

Address: Brgy. Rizal, Science City of Muñoz, 3119

Telephone No.: (044) 806 -2192; Email Address: munozscience.city@deped.gov.ph

DSCM-QMS-QMR-QSF-008 Rev.004 (01.31.20)



Certificate No. 50500731 QM15



Quality Form

Oplan Kalusugan sa DepEd Accomplishment Report Form

(Revised OKD Form A)



Document Code:

Revision:

Effectivity date: 09-1-2019

BLSS-School Health Division

Region/Division:	Period Covered:
School Name & ID:	
School Address:	
School Telephone Number:	Mobile Number:
Fax Number:	Email Address:
Total Enrolment:	Total No. of T & NTP:

A. SUMMARY OF SCHOOLS AND BENEFICIARIES COVERED

Table 1. Number of Learners and School Personnel Covered by DepEd and Volunteers

Grade Level	Total Enrolment		Actual Medically Examined		With Findings		Given Interventions	
	M	F	M	F	M	F	M	F
Kinder								
Grade 1								
Grade 2								
Grade 3								
Grade 4								
Grade 5								
Grade 6								
Grade 7								
Grade 8								
Grade 9								
Grade 10								
Grade 11								
Grade 12								
SPED								
TOTAL:								
Grand TOTAL:								
Teachers								
Non-Teaching Personnel								
Non-plantilla personnel								
TOTAL:								

Table 2. Type of School (Check the appropriate box)

Grade Level	TYPE							TOTAL
	Central School	Non-Central School	Multigrade	Primary School/ Incomplete	Complete Junior HS only	Junior HS with Senior HS	Stand-alone Senior HS	
Elementary								
Secondary								
Integrated School								
TOTAL								

ACCOMPLISHMENTS

1.a SCHOOL BASED FEEDING PROGRAM (SBFP) & NUTRITION-SUPPORT

1.a.1. SBFP Coverage:

Check which is applicable FY 20__		
With SBFP (K-6)	Covered by Partners	Not covered by SBFP or Partners

1.a.2. SBFP Coverage: Learners

Grade Level	TARGET	ACTUAL				
		Severely Wasted	Wasted	Severely Stunted that are not SW/W	Stunted that are not SW/W	TOTAL
Kinder						
Grade 1						
Grade 2						
Grade 3						
Grade 4						
Grade 5						
Grade 6						
SPED						
TOTAL						

1.a.3. SBFP Funds

Tranches	Budget Allocation as per GAA	Funds Utilized	Percent Utilization (col 3/2*100%)
Total:			

1.a.4. SBFP Nutritional Status - Before & After Feeding

Grade Level	Number of Beneficiaries fr Table 1.a.2	Number of Beneficiaries After Feeding					% Rehabilitated
		Severely Wasted	Wasted	Normal	Overweight + Obese	TOTAL	
Kinder							
Grade 1							
Grade 2							
Grade 3							
Grade 4							
Grade 5							
Grade 6							
SPED							
TOTAL							

1.a.5. Gulayan sa Paaralan contribution to SBFP

% Contribution of GPP to SBFP expenses (Check which is applicable per school)			
0-4%	5-24%	25-49%	>50%

Note : On the GPP record, all vegetables used for SBFP should be itemized with corresponding quantity and cost. The Total cost of vegetables used divided by (number of beneficiaries X 16.00 X 120 days) X 100 = % contribution to the feeding program

1.a.5. Gulayan sa Paaralan

School	Amount of Financial Assistance Given

2. NATIONAL DRUG EDUCATION PROGRAM (NDEP)

Activity (Provide specific activity/ies conducted in schools)	No. of Learners		No. of Participants/ Members/ Coaches/ Advisers	
	Elementary	High School	Teachers/NTP	Learners
Systematic Training for Effective Parenting				
Barkada Kontra Droga				
Universal Preventive Curricula				
Life Skills Training				
Orientation on RA 9165				
Tobacco Control				
Red Cross Youth				

3. ADOLESCENT REPRODUCTIVE HEALTH (ARH)

3.a. Teenage Pregnancy Data in Public Schools (June 2018 - March 2019)

Grade Level	No. of pregnant learners	No. of learners: Trimester of Pregnancy at first clinic consultation/ referral			No. of learners: Quarter of CY Reported for first clinic consultation/ referral				Impregnator: Number		
		1 st	2 nd	3 rd	1 st	2 nd	3 rd	4 th	Minor	Adult	Undetermined

and Status of Pregnant Learners (June 2018 - March 2019)

Grade Level	ACCESS TO EDUCATION - No. of Learners			ACCESS TO HEALTH SERVICES - No. of Learners		
	No. In School	No. On ADM	No. Dropped	No. to Barangay RHU/ MHSO	No. with Private OB	No. Lost to Follow up

3.c. ARH Activities

Activities (Specify activities in the school)	No. of Learners		No. of Participants/ Members/ Coaches/ Advisers	
	Elementary	High school	Teachers/ NTP	Learners
Teen Center				
HIV /AIDS trainings/ lectures				
Mental Health Trainings/ lectures				
Red Cross Youth				
Others:				
TOTAL				

4. WASH IN SCHOOLS (WINS)

School	Three-Star Approach Rating (Check the school's rating)				REMARKS
	0	1	2	3	

5. SCHOOL MENTAL HEALTH

5.a. Licensed Mental Health Professionals

School	Number of Registered Guidance Counselors	Number of Registered Psychologists	Number of Licensed Psychometricians	Other (Specify)

5.b. Other Certified Mental Health Professionals

Formal/ Certificate of Training	Number of Trained Personnel		
	Health personnel	Other non-teaching personnel	Teaching personnel

5.c. Capacity Building Activities Conducted

Activity Conducted (Specify title of activity)	Check if Elementary School or High School		No. of Participants		
	Elementary	High school	NTP	Teachers	Learners
TOTAL					

5.d. Cases of Mental Health

Grade Level	No. of Cases in Learners			Interventions	Remarks
	M	F	Total		

Grade Level	No. of Cases in Personnel			Interventions	Remarks
	M	F	Total		

MEDICAL-DENTAL-NURSING SERVICES

(Use School Health Division Form 5 as basis for accomplishing this table)

6.a. Ten Most Common Signs and Symptoms (as reported by nurse)

Sign/Symptom	Number of Cases	% of those assessed (Col 2/ Total Examined x 100%)

6.b. Ten Most Common Diseases (as Diagnosed by Medical Doctors)

Diagnosis	Number of Cases	% of those assessed (Col 2/ Total Examined x 100%)

6.c. Ten Most Common Dental Problems (as Diagnosed by Dentists)

Diagnosis	Number of Cases	% of those assessed (Col 2/ Total Examined x 100%)

Dental Service Accomplishment Report

Grade Level	Enrolment	No. of Classroom Health Talks Given	Number of Children							
			Orally examined	With Defects	Caries Free	Underwent Scaling	Given Fluoride Application	Underwent Extraction	Given Filling	Treated
Total:										

Grade Level	NUMBER OF TEETH (TREATMENT DONE)											
	EXTRACTION		FILLING				PERMANENT			TEMPORARY		
	Permanent	Temporary	Pit & Fissure Sealant	ART (Glass Ionomer)	ZOE	SyF	D	M	F	Sound Teeth	d	f
Total:												

6.e. School-Based Immunization Program

Grade Level	Sex	Enrollment	No. Immunized				REMARKS
			1st Dose		2nd Dose		
			MR	Td	MR	Td	
Grade 1	M						
	F						
Grade 7	M						
	F						

Grade Level	Sex	Enrollment	No. Immunized				REMARKS
			1st Dose		2nd Dose		
			HPV		HPV		
Grade 4	F						(For 9 yrs old & above only)

Deworming Program

Grade Level	Sex	Enrolment	1st Dose		2nd Dose	
			No. Dewormed	% Enrolment	No. Dewormed	% Enrolment
Kinder	M					
	F					
Grade 1	M					
	F					
Grade 2	M					
	F					
Grade 3	M					
	F					
Grade 4	M					
	F					
Grade 5	M					
	F					
Grade 6	M					
	F					
Grade 7	M					
	F					
Grade 8	M					
	F					
Grade 9	M					
	F					
Grade 10	M					
	F					
Grade 11	M					
	F					
Grade 12	M					
	F					
SPED	M					
	F					
ALS	M					
	F					
TOTAL	M					
	F					

6.g. Weekly Iron Folic Acid (WIFA) Supplementation Program

Grade Level	Enrolment of Female Learners	No. Given IFA		% Enrolment	
		1st Dose	2nd Dose	1st Dose	2nd Dose
Grade 7					
Grade 8					
Grade 9					
Grade 10					
Grade 11					
Grade 12					
ALS					
TOTAL					

6.h.1 Vision Screening

Grade Level	Sex	Enrolment	No. Assessed	No. Passed	No. Failed	No. Referred	Remarks
Kinder	M						
	F						
Grade 1	M						
	F						
Grade 4	M						
	F						
Grade 7	M						
	F						
Grade 10	M						
	F						
TOTAL	M						
	F						

6.h.2. Auditory Screening

Grade	Sex	Enrolment	No. Assessed	No. Passed	No. Failed	No. Referred	Remarks
Kinder	M						
	F						
Grade 1	M						
	F						
Grade 4	M						
	F						
Grade 7	M						
	F						
Grade 10	M						
	F						
TOTAL	M						
	F						

6.i. Nutritional Status

6.i.1. BASELINE NUTRITIONAL STATUS

6.i.1.a Baseline for Elementary Learners

Grade	Sex	Enrolment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Kinder	M											
	F											
1	M											
	F											
2	M											
	F											
3	M											
	F											
4	M											
	F											
5	M											
	F											
6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	F											

6.i.1.b Baseline for Junior and Senior High School Learners

Grade	Sex	Enrolment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
7	M											
	F											
8	M											
	F											
9	M											
	F											
10	M											
	F											
11	M											
	F											
12	M											
	F											
TOTAL	M											
	F											

6.i.2. ENDLINE NUTRITIONAL STATUS

6.i.2.a Endline for Elementary Learners

Grade	Sex	Enrolment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Kinder	M											
	F											
1	M											
	F											
2	M											
	F											
3	M											
	F											
4	M											
	F											
5	M											
	F											
6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	F											

6.i.2.b Endline for Junior and Senior High School Learners

Grade	Sex	Enrolment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
7	M											
	F											
8	M											
	F											
9	M											
	F											
10	M											
	F											
11	M											
	F											
12	M											
	F											
TOTAL	M											
	F											

SUMMARY OF VOLUNTEER SERVICES

Table . Number of Partners Involved

Name of Organization/ Affiliation/ Institution	Number of Volunteers	No. of Learners		No. of School Personnel	
		Examined	Treated	Examined	Treated

D. DONATIONS/ RESOURCES GENERATED

(Add Additional Sheets, if needed)

Type of Donations	Quantity	Estimated Cost

E SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, WINS, SMH, AND OTHER HEALTH AND NUTRITION PROGRAMS/ EXPERIENCES/ GOOD PRACTICES

(Add Additional Sheets, if needed)

What happened?	Who were involved?	When	Outcome: What is/are its important contribution to the OK sa DepEd Program of the school?

F. LESSONS LEARNED

G. SUGGESTIONS TO STRENGTHEN OK SA DEPED PROGRAM

(Include support needed from Central, Region, and Division Office that can increase the impact of OK sa DepEd Program in the schools)

--	--

H. PROPOSED PLAN OF ACTION FOR NEXT OK SA DEPED HEALTH SERVICES

--

PHOTOS (Before, During and After)

Prepared by:

Noted:

OK sa DepEd Focal Person

Schools Division Superintendent

Date: _____

Submit completed on 4th week of March