



Republic of the Philippines
Department of Education
CARAGA REGION



December 18, 2020

REGIONAL MEMORANDUM
No. 601, s. 2020

To: SCHOOLS DIVISION SUPERINTENDENTS
This Region

SUBMISSION OF OPLAN KALUSAGAN SA DEPED REPORTS

1. In consonance with the DepEd Order 28, s. 2018 on the Policy and Guidelines on Oplan Kalusagan sa DepEd all SDOs are required to submit the Annual Accomplishment (Form B) S.Y. 2019-2020 and the approved action plans for 2021.
2. The said reports must be submitted on or before January 15, 2021.
3. For strict compliance.

FRANCIS CESAR B. BRINGAS, CESO V
Regional Director

for the Regional Director:
LORENZO D. MACASOCOL

Encls.: OKD Form B, Action Plan Template
Reference: NONE
To be indicated in the Perpetual Index
under the following subjects:

OPLAN KALUSUGAN

REPORTS

SUBMISSION

ESS/jcc
12/18/2020



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	Quality Form		Document Code:
	Oplan Kalusugan sa DepEd Accomplishment Report Form (Revised OKD Form B)		Revision: Effectivity date: 09-1-2020 BLSS-School Health Division

Region/Division:		Period Covered:	
Office Address:			
Office Telephone Number:		Mobile Number:	
Fax Number:		Email Address:	
Number of Schools in the Schools Division:		Elementary:	
		Secondary:	
		TOTAL:	

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. Number of Schools Covered

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								

B. ACCOMPLISHMENTS

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

1.a.1. SBFP Coverage: Schools

Schools	Number of Learners from Baseline NS			Check which is applicable FY 20__		
	No. of SW/W Learners (K-6)	No. of SS/S that are not SW/W Learners (K-6)	TOTAL	With SBFP (K-6)	Covered by Partners	Not covered by SBFP or Partners
Total:						

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

Schools	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							

[illegible]

1.a.5. Gulayan sa Paaralan

2. NATIONAL DRUG EDUCATION PROGRAM (NDEP)

3. ADOLESCENT REPRODUCTIVE HEALTH (ARH)

OPLAN KALUSUGAN SA DEPED: Accomplishment Report... 3 of 1

Schools	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
Total:												

3.b Status of Pregnant Learners (June 2019-March 2020)

Schools	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
Total:						

3.c. ARH Activities

Activities (Specify activities in your RO/SDO)	Schools	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)

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

5. SCHOOL MENTAL HEALTH

5.a. Licensed Mental Health Professionals

Schools	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

6. 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%)

6.f. 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. Visual & Auditory Assessment

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											

C. SUMMARY OF VOLUNTEER SERVICES

Table . Number of Partners Involved

Name of Organization/ Affiliation/ Institution	Number of Volunteers	Schools Served	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

I. PHOTOS (Before, During and After)

Prepared by:

Noted:

OK sa DepEd Focal Person

Schools Division Superintendent

Date: _____

Submit completed on 2nd week of April

(Enclosure No.2 to Regional Memorandum No. 601 S, 2020)

Department of Education
Caraga Administrative Region
Division of _____

DIVISION COLLECTIVE ACTION PLAN

OKD PAPS	OBJECTIVES	ACTIVITIES	TARGET	MODALITY		EXPECTED OUTPUT	Time Frame (specific month or date)
				FACE TO FACE	MODULAR		
I SBFP							
II. NDEP							
III. ARH							
IV. WINS							
V. SMH							
VI. MEDICAL SERVICES							
A. NURSING SERVICES							
B. DENTAL SERVICES							

Prepared by:

Recommending Approval:

Approved:

OKD Focal Person

SGOD Chief

Schools Division Superintendent