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

1. HIGHLIGHTS OF ONE HEALTH WEEK

Table 1. Number of Schools Covered and Partners

|  |  |  |  |
| --- | --- | --- | --- |
| **Divisions/Schools** | **Number of Schools that Implemented One Health Week** | **Number of Partners** | **Services Provided by Partners** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** |  |  |  |

Table 2. Summary of Services Provided

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Divisions/Schools** | **Number of Learners** | | | | | | **Number of DepEd Personnel** | | | | | |
| **Examined** | | **Treated** | | **Referred** | | **Examined** | | **Treated** | | **Referred** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |  |  |  |  |  |

1. ACTIVITIES UNDERTAKEN

(Enumerate and describe below the different activities during the One Health week)

|  |
| --- |
| 1. SBFP |
| 1. NDEP |
| 1. ARH |
| 1. WINS |
| 1. OTHERS |

1. ISSUES AND CONCERNS

FACILITATING FACTORS

(Discuss major outstanding factors that contributed to the successful implementation)

|  |
| --- |
|  |

HINDERING FACTORS

(Discuss major factors that caused delay or impeded implementation)

|  |
| --- |
|  |

RECOMMENDATIONS/ ASSISTANCE NEEDED

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OK sa DepEd Focal Person  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Noted:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regional Director/ Schools Division Superintendent |

**OKD Form B**

OPLAN KALUSUGAN SA DEPED

ACCOMPLISHMENT REPORT

(To be accomplished by the School Head)

|  |  |
| --- | --- |
| Division: | Region: Cordillera Administrative Region |
| School: | School ID: |
| School Address: | |
| (Please check appropriate box) | |
| Level:  □ Elementary  □ Junior High School  □ Senior High School | Type of School:  □ Central School  □ Non-Central School  □ Multigrade  □ Primary School/ Incomplete  □ Integrated School |
| School Head: | Contact Number: |

1. COVERAGE

Table 1. Learners

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade Level | Enrolment | | Actual Examined | | With Findings | | Given Interventions | |
| M | F | M | F | M | F | M | F |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |

Table 2. Number of School Personnel

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATUS | Number | | Actual Examined | | With Findings | | Given Interventions | |
| M | F | M | F | M | F | M | F |
| Teachers |  |  |  |  |  |  |  |  |
| NTP |  |  |  |  |  |  |  |  |
| Non-plantilla personnel |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |

1. ACCOMPLISHMENTS (Use School Health Division Form 2 as basis for accomplishing this table.)
2. Common Signs and Symptoms (as reported by nurses)

|  |
| --- |
|  |

1. Common Diseases (as Diagnosed by medical doctors)

|  |
| --- |
|  |

1. Common Dental Problems (as diagnosed by Dentists)

|  |
| --- |
|  |

1. Visual/Auditory Assessment

4.a. Vision Screening

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Sex | Enrolment | No. Assessed | No. Passed | No. Failed | No. referred | Remarks |
| Kinder | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| I / VII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| II/ VIII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| III/ IX | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| IV/ X | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| V / XI | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| VI /XII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| SPED/  ALS | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| TOTAL | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |

4.a. Auditory Screening

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Sex | Enrolment | No. Assessed | No. Passed | No. Failed | No. referred | Remarks |
| Kinder | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| I / VII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| II/ VIII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| III/ IX | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| IV/ X | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| V / XI | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| VI /XII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| SPED/  ALS | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| TOTAL | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |

1. Nutritional Status

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Sex | SW/SU | W/U | N | OW | OB | SSt | St | N | T |
| Kinder | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| I / VII | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| II/ VIII | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| III/ IX | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| IV/ X | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| V / XI | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| VI /XII | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| SPED/  ALS | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |
| TOTAL | M |  |  |  |  |  |  |  |  |  |
| F |  |  |  |  |  |  |  |  |  |

1. SUMMARY OF VOLUNTEER SERVICES

(Use OK sa DepEd Form C as basis for accomplishing this table)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization/ Affiliation/ Institution | Number of Volunteers | | | | | | | | | | | | | No. of Learners and School Personnel | | Estimated Value of Interventions Given | Other Services Rendered (if any) |
|  | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | TOTAL | Examined | Given Intervention |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. DONATIONS/ RESOURCES GENERATED (Add additional sheets, if needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Donations | Quantity | Estimated Cost | Donor |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, WINS AND OTHER HEALTH AND NUTRITION PROGRAMS/ EXPERIENCES/ GOOD PRACTICES (Use separate 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? |
|  |  |  |  |
|  |  |  |  |
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|  |  |
| --- | --- |
| 1. LESSONS LEARNED | 1. 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) |
|  |  |

|  |
| --- |
| 1. PROPOSED PLAN OF ACTION FOR NEXT OK SA DEPED HEALTH SERVICES |
| 1. PHOTOS (before, during and after) |

|  |  |
| --- | --- |
| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OK sa DepEd Focal Person  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Noted:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regional Director/ Schools Division Superintendent |
| Submit completed form from SDO by 1st week of March | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quality Form** |  | Document Code:  CAR-QF-ESSD-06  Revision: 00  Effectivity date: 06-18-2018 |
| **Oplan Kalusugan sa DepEd**  **Accomplishment Report Form**  (Revised OKD Form C)) |
| **ESSD Section: School Health Section** | |

|  |  |
| --- | --- |
| Region/Division: | Period covered: |
| Office Address: | |
| Office Telephone Number: | Mobile Number: |
| Fax Number: | Email Address: |
| (Please check appropriate box) | |
| Number of Schools in the Region/ Division: | Elementary:  Secondary:  TOTAL: |

1. SUMMARY OF SCHOOLS AND BENEFICIARIES COVERED

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade Level** | **Total Enrolment** | | **Actual 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** |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |  |
| **Grade 7** |  |  |  |  |  |  |  |  |
| **Grade 8** |  |  |  |  |  |  |  |  |
| **Grade 9** |  |  |  |  |  |  |  |  |
| **Grade 10** |  |  |  |  |  |  |  |  |
| **Grade 11** |  |  |  |  |  |  |  |  |
| **Grade 12** |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |  |
| **Grand TOTAL:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Teachers** |  |  |  |  |  |  |  |  |
| **NTP** |  |  |  |  |  |  |  |  |
| **Non-plantilla personnel** |  |  |  |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |  |  |  |

Table 2. Number of Schools Covered

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LEVEL** | **TYPE** | | | | | | **TOTAL** |
| **Central School** | **Non-Central School** | **Multigrade** | **Primary School/ Incomplete** | **Complete Junior HS Only** | **With Senior HS** |
| **Elementary** |  |  |  |  |  |  |  |
| **Secondary** |  |  |  |  |  |  |  |
| ***Integrated School*** |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

1. ACCOMPLISHMENTS

(Use School Health Division Form 2 as basis for accomplishing this table)

1. Common Signs and Symptoms (as reported by nurses)

|  |  |  |
| --- | --- | --- |
| **Sign/Symptom** | **Number of Cases** | **% of those assessed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Common Diseases (as Diagnosed by medical doctors)

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | **Number of Cases** | **% of those assessed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Common Dental Problems (as diagnosed by Dentists)

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | **Number of Cases** | **% of those assessed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Visual/Auditory Assessment

4.a. Vision Screening

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Grade | Sex | Enrolment | No. Assessed | No. Passed | No. Failed | No. referred | Remarks |
| Kinder | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| I / VII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| II/ VIII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| III/ IX | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| IV/ X | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| V / XI | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| VI /XII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| SPED/  ALS | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| TOTAL | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |

4.a. Auditory Screening

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Sex | Enrolment | No. Assessed | No. Passed | No. Failed | No. referred | Remarks |
| Kinder | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| I / VII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| II/ VIII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| III/ IX | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| IV/ X | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| V / XI | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| VI /XII | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| SPED/  ALS | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |
| TOTAL | M |  |  |  |  |  |  |
| F |  |  |  |  |  |  |

1. Nutritional Status

5.a. BASELINE NUTRITIONAL STATUS

5.a.1. Baseline for Elementary Learners

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Sex** | **Enrolment** | **No. Assessed** | **SW/SU** | **W/U** | **N** | **OW** | **OB** | **SSt** | **St** | **N** | **T** |
| **Kinder** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **I** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **II** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **III** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **IV** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **V** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **VI** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **SPED** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |

5.a.2. Baseline for Secondary Learners

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Sex** | **Enrolment** | **No. Assessed** | **SW/SU** | **W/U** | **N** | **OW** | **OB** | **SSt** | **St** | **N** | **T** |
| **VII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **VIII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **IX** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **X** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **XI** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **XII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |

5.b. ENDLINE NUTRITIONAL STATUS

5.b.1. Endline for Elementary Learners

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Sex** | **Enrolment** | **No. Assessed** | **SW/SU** | **W/U** | **N** | **OW** | **OB** | **SSt** | **St** | **N** | **T** |
| **Kinder** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **I** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **II** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **III** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **IV** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **V** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **VI** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **SPED** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |

5.b.2. Endline for Secondary Learners

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | **Sex** | **Enrolment** | **No. Assessed** | **SW/SU** | **W/U** | **N** | **OW** | **OB** | **SSt** | **St** | **N** | **T** |
| **VII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **VIII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **IX** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **X** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **XI** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **XII** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** | **M** |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |

1. Data from the Other Priority Programs

6.a. **SCHOOL BASED FEEDING PROGRAM (SBFP)**

6.a.1. SBFP Coverage: Schools

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Division/District** | **Assessed *NUMBER OF SCHOOLS* from Baseline NS SY 2018 - 2019** | | | **NUMBER OF SCHOOLS Implementing SBFP**  **CY 2018** | | | **Number of Schools not covered by SBFP** |
| **With SW/W Learners (K-6)** | ***For PPAN Only:* With Kinder Learners** | **TOTAL** | **With SBFP (K-6)** | ***For PPAN Only:* with Kinder Only SBFP** | **TOTAL** |
|  |  |  |  |  |  |  |  |
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6.a.2. SBFP Coverage: Learners

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEVEL** | **Number of Learners from Baseline NS**  **SY 2018-2019** | | | **Number of Learners for SBFP CY 2018** | | | | | **NUMBER of SW/W Learners Not Covered by SBFP** |
| **Severely Wasted** | **Wasted** | **TOTAL** | **Severely Wasted** | **Wasted** | **TOTAL** | **Other Targets** | **PPAN** |
| **KINDER** |  |  |  |  |  |  |  |  |  |
| **GRADE 1** |  |  |  |  |  |  |  |  |  |
| **GRADE 2** |  |  |  |  |  |  |  |  |  |
| **GRADE 3** |  |  |  |  |  |  |  |  |  |
| **GRADE 4** |  |  |  |  |  |  |  |  |  |
| **GRADE 5** |  |  |  |  |  |  |  |  |  |
| **GRADE 6** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

6.a.3. SBFP Nutritional Status

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEVEL** | **Number of Beneficiaries with Baseline NS of** | | | | **Number of Beneficiaries with Endline NS of** | | | | | **% Rehabilitated** |
| **Severely Wasted** | **Wasted** | **Normal** | **TOTAL** | **Severely Wasted** | **Wasted** | **Normal** | **Over weight** | **TOTAL** |
| **KINDER** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 1** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 2** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 3** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 4** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 5** |  |  |  |  |  |  |  |  |  |  |
| **GRADE 6** |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |

6.a.4 SBFP Schools with Gulayan sa Paaralan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Division/District** | **Number of Schools with SBFP** | | | **Number of Schools with SBFP implementing GPP** | **NUMBER of schools with SBFP and GPP:**  **% Contribution of GPP to SBFP expenses** | | | |
| **All Grade Levels** | **PPAN Kinder Only** | **TOTAL** | **0-4%** | **5-24%** | **25-49%** | **>50%** |
|  |  |  |  |  |  |  |  |  |
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***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.*

6.b. **NATIONAL DRUG EDUCATION PROGRAM (NDEP)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Division/District** | **No. of Schools** | | **No. of Participants/ Members/ Coaches/ Advisers** | |
| **Elementary** | **Highschool** | **Teachers/ NTP** | **Learners** |
| **STEP** |  |  |  |  |  |
| **Barkada Kontra Droga** |  |  |  |  |  |
| **Lakas Isip Ing Kabataan** |  |  |  |  |  |
| **Red Cross Youth** |  |  |  |  |  |
| **Others:** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

6.c. **ADOLESCENT REPRODUCTIVE HEALTH (ARH)**

6.c.1 Teenage Pregnancy Data in Public Schools (June 2018 – March 2019)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Division/District** | **School** | **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** | |
|  |  |  |  | **1st** | **2nd** | **3rd** | **1st** | **2nd** | **3rd** | **4th** | **Minor** | **Adult** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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6.c.2 Status Of Pregnant Learners (June 2018 – March 2019)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Division/District** | **School** | **ACCESS TO EDUCATION** | | | **ACCESS TO HEALTH SERVICES** | | |
|  |  | **No. In School** | **No. On ADM** | **No. Dropped** | **No. to Barangay RHU/ MHSO** | **No. with Private OB** | **No. Lost to Follow up** |
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6.c.3 ARH Activities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Division/District** | **No. of Schools** | | **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** | |  |  |  |  |

6.d. **WASH IN SCHOOLS (WINS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Division/ District** | **Total Number of Schools** | **Number of Schools evaluated with Three-Star Approach Rating** | | | | **REMARKS** |
| **0** | **1** | **2** | **3** |
|  |  |  |  |  |  |  |
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1. SUMMARY OF VOLUNTEER SERVICES

Table . Number of Partners Involved

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Organization/ Affiliation/ Institution** | **Number of Volunteers** | **Number of Schools Served** | **No. of Learners** | | **No. of School Personnel** | |
| **Examined** | **Treated** | **Examined** | **Treated** |
|  |  |  |  |  |  |  |
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1. Donations/ Resources Generated

(Add Additional Sheets, If Needed.)

|  |  |  |
| --- | --- | --- |
| **Type of Donations** | **Quantity** | **Estimated Cost** |
|  |  |  |
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1. SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, WINS AND OTHER HEALTH AND NUTRITION PROGRAMS/ EXPERIENCES/ GOOD PRACTICES

(Use separate 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?** |
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|  |  |
| --- | --- |
| 1. LESSONS LEARNED | 1. 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) |
|  |  |

|  |
| --- |
| 1. PROPOSED PLAN OF ACTION FOR NEXT OK SA DEPED HEALTH SERVICES |
|  |
| 1. PHOTOS (before, during and after) |
|  |

|  |  |
| --- | --- |
| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OK sa DepEd Focal Person  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Noted:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regional Director/ Schools Division Superintendent |
| Submit completed to the RO by 1st week of April/ CO by 1st week of May | |