



Republic of the Philippines
Department of Education
Cordillera Administrative Region
Schools Division of Tabuk City



Office of the Schools Division Superintendent

April 23, 2025

DIVISION MEMORANDUM

No. 17, s 2025

**SUBMISSION OF OPLAN KALUSUGAN SA DEPED REPORT
FOR SCHOOL YEAR 2024-2025**

TO: Elementary and Secondary School Heads
School Health and Nutrition Personnel
All Others Concerned

1. In Accordance with the implementation of DepEd Order no. 28, s. 2018, titled "Policy and Guidelines on Oplan Kalusugan sa Department of Education (OK sa DepEd)", this office directs the health and nutrition section of School Governance and Operation Division to start the process of consolidation of the OKD reports for school year 2024-2025 from all public elementary and secondary schools on April 29, 2025 in preparation for submission to the Regional Office.
2. The OKD reports from schools are to be uploaded through this link: <https://tinyurl.com/3znjeuk8> on or before April 28, 2025.
3. Attached is the template for report from schools.
4. For strict compliance.


BENEDICTA B. GAMATERO PhD, CESO V
Schools Division Superintendent



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DepEd Tayo Tabuk City



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**END OF SCHOOL YEAR 2024-2025
ACCOMPLISHMENT REPORT**

A. SCHOOL BASED FEEDING PROGRAM (SBFP)

1. Profiles of Beneficiaries

| Grade Level | Sex | Target No. | Actual No. | % | No. Dewormed | % | No of 4Ps Beneficiaries | % | No. of Repeaters from Previous Years | % |
|-------------|-------------|------------|------------|---|--------------|---|-------------------------|---|--------------------------------------|---|
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Total | | | | | | | | | |
| GRAND TOTAL | M | | | | | | | | | |
| | F | | | | | | | | | |
| | Grand Total | | | | | | | | | |



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2. Change in Nutritional Status before and after feeding

| Grade Level | Before Feeding | | | | After Feeding | | | | Remarks |
|-------------|----------------------|------------|------------|-------|----------------------|------------|------------|-------|---------|
| | Severely Wasted (SW) | Wasted (W) | Normal (N) | Total | Severely Wasted (SW) | Wasted (W) | Normal (N) | Total | |
| Kinder | | | | | | | | | |
| Grade 1 | | | | | | | | | |
| Grade 2 | | | | | | | | | |
| Grade 3 | | | | | | | | | |
| Grade 4 | | | | | | | | | |
| Grade 5 | | | | | | | | | |
| Grade 6 | | | | | | | | | |
| SPED | | | | | | | | | |
| Grand Total | | | | | | | | | |

B. ADOLESCENT REPRODUCTIVE HEALTH

1. Teenage Pregnancy Data in Public Schools

| Grade | No. of pregnant learners | No. of learners | | | | | | No. of Male Partner | | Source of Data: (Referred by teacher/GC/RHU/ others) |
|-------|--------------------------|---|-----------------|-----------------|-------------|----------------------------------|----------------------------------|---------------------|-------|---|
| | | TRIMESTER of PREGNANCY on 1 st consult/ referral | | | Post-partum | Reported 3 rd Quarter | Reported 4 th Quarter | | | |
| | | 1 st | 2 nd | 3 rd | | July-Sept | Oct-Dec | Minor | Adult | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| Total | | | | | | | | | | |

Remarks: _____

2. Teenage Pregnancy Data in Public School: ACCESS to Education and Health Services

| Grade | No. of pregnant learners | ACCESS TO EDUCATION | | ACCESS TO HEALTH SERVICES | | |
|-------|--------------------------|---------------------|-------------|---------------------------|---------------------|-----------------------|
| | | No. In School | No. Dropped | No. to Barangay RHU/ MHSO | No. with Private OB | No. Lost to Follow up |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |

Remarks: _____



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3. WIFA Implementation Status

| ENROLMENT | | | Given WIFA Supplement | | Not given WIFA Supplement | | Total No. of WIFA not given | | | REMARKS |
|--------------------------------|---------------------------------------|---|-----------------------|---|---------------------------|---|-----------------------------|---|---|---------|
| Total no. of enrolled Learners | Total no. of enrolled Female Learners | Total no. of enrolled Learners with consent | No. | % | No. | % | 1 | 2 | 3 | |
| | | | | | | | | | | |

C. ARH-related Activities Conducted *(add rows if necessary)*

| Activity | Number of Participants/ Members/ Coaches/ Advisers | | | | Remarks |
|----------|--|-----|----------|--------|---------|
| | Teachers | NTP | Learners | Others | |
| | | | | | |

D. Significant Events/ Experiences/ Good Practices *(add rows if necessary)*

| What happened? | Who were involved? | When | Outcome: What is/are its important contribution to the ARH Program of the division/school? |
|----------------|--------------------|------|--|
| | | | |

III. SCHOOL MENTAL HEALTH PROGRAM

A. Licensed Mental Health Professionals

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

B. Other Certified Mental Health Professionals

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

C. Activities Conducted *(add rows if necessary)*

| Activity Conducted (Specify title of activity) | No. of Participants | | |
|--|---------------------|----------|----------|
| | NTP | Teachers | Learners |
| | | | |

D. Significant Events / Experiences/ Good Practices

| What happened? | Who were involved? | When | Outcome: What is/are its important contribution to the School Mental Health Program of the division/school? |
|----------------|--------------------|------|---|
| | | | |



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IV. WASH IN SCHOOLS (WinS)

A. STAR Ratings (3 school years back)

| School Year | 2021-2022 | 2022-2023 | 2023-2024 |
|-----------------|-----------|-----------|-----------|
| Number of Stars | | | |

B. Significant Events / Experiences/ Good Practices

| What happened? | Who were involved? | When | Outcome: What is/are its important contribution to the WinS program of the division/school? |
|----------------|--------------------|------|---|
| | | | |

V. NATIONAL DRUG EDUCATION PROGRAM (NDEP)

A. Activities Conducted

| Activity | No. of Participants | | | | Fund Source | Lead/Partner Agency | Challenges |
|----------|---------------------|-----|----------------|----------|-------------|---------------------|------------|
| | Teachers | NTP | Administrators | Learners | | | |
| | | | | | | | |

B. Significant Events / Experiences/ Good Practices

| What happened? | Who were involved? | When | Outcome: What is/are its important contribution to the NDEP program of the division/school? |
|----------------|--------------------|------|---|
| | | | |

VI. MEDICAL, NURSING AND DENTAL SERVICES

A. SUMMARY OF VOLUNTEER HEALTH SERVICES (not covered by DepED, ex. Medical Mission)

A.1. Teaching and Non-Teaching Personnel

| Name of Organization/ Affiliation/ Institution | No. of Volunteers | Services Rendered | No. Catered | | | | | | Total |
|---|----------------------|----------------------|-------------|--------|----------|--------|---------|--------|-------|
| | | | NTP | | Teaching | | Learner | | |
| | | | Male | Female | Male | Female | Male | Female | |
| | | | | | | | | | |

B. SUMMARY OF SCHOOL HEALTH SERVICES

NURSING SERVICES:

| Grade level | No. of learners examined | No. with findings/ailment | No. treated | No. referred |
|-------------|-----------------------------|------------------------------|-------------|--------------|
| Kinder | | | | |
| Grade 1 | | | | |
| Grade 2 | | | | |
| Grade 3 | | | | |
| Grade 4 | | | | |
| Grade 5 | | | | |
| Grade 6 | | | | |
| Grade 7 | | | | |
| Grade 8 | | | | |



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| | | | | |
|----------|--|--|--|--|
| Grade 9 | | | | |
| Grade 10 | | | | |
| Grade 11 | | | | |
| Grade 12 | | | | |
| Total | | | | |

| Health Services | Client | No. of clients July 2024 – April 2025 | | | | TOTAL |
|-----------------|------------------------|--|---------|-------|-------------|-------|
| | | MO | Dentist | Nurse | Dental Aide | |
| Consultation | Teachers | | | | | |
| | Non-Teaching Personnel | | | | | |
| | Learner | | | | | |
| Treatment | Teachers | | | | | |
| | Non-Teaching Personnel | | | | | |
| | Learner | | | | | |
| Referral | Teachers | | | | | |
| | Non-Teaching Personnel | | | | | |
| | Learner | | | | | |
| Home Visit | Teachers | | | | | |
| | Non-Teaching Personnel | | | | | |
| | Learner | | | | | |

C. School Based Immunization

B.1 Measles and Tetanus (Grade 1 and 7 learners only)

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

B.2 Human Papilloma Virus (Grade 4 female learners only)

| Grade Level | Enrollment | No. of Females | No. Immunized | | | | REMARKS |
|-------------|------------|----------------|---------------|--|----------|--|---------|
| | | | 1st Dose | | 2nd Dose | | |
| | | | HPV | | HPV | | |
| Grade 4 | | | | | | | |

D. Integrated Helminth Control Program (Kinder to Grade 12 learners)

| Total Population of Kinder to G6 enrolled | Total no. Kinder to G6 given | % Acc. | Total Pop of G7 to K12 enrolled | Total no. G7 to K12 given | % Acc. |
|---|---------------------------------|--------|------------------------------------|------------------------------|--------|
| | | | | | |



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| | | | | | | |
|----------------------|--|--|--|--|--|--|
| 1 st dose | | | | | | |
| 2 nd dose | | | | | | |

OTHERS: Donations/Resources Generated for OKD

| Partner & Type of Donations/Services Provided | Quantity (if applicable) | Estimated Cost (if applicable) |
|---|--------------------------|--------------------------------|
| | | |

SCHOOL DENTAL HEALTH CARE PROGRAM (SDHCP) ACCOMPLISHMENT

| Orally Examined | With Dental Defects | Treated with EXO | Treated with RESTO | Oral Prophylaxis and TFA |
|-----------------|---------------------|------------------|--------------------|--------------------------|
| | | | | |

Prepared by:

School Head/ AO/ Nurse