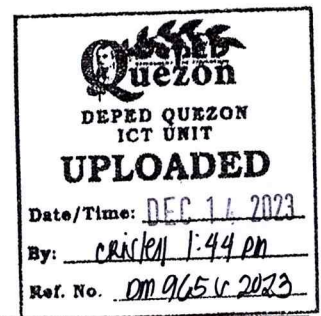




Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE



5 December 2023

DIVISION MEMORANDUM

DM No. 965, s. 2023

YEAR-END PERFORMANCE REVIEW OF NURSES FOR CY 2023

To: Assistant Schools Division Superintendents
 Division Chiefs
 Public Schools District Supervisors
 Elementary and Secondary School Heads
 School Health Personnel
 All Others Concerned

1. This Office announces the scheduled date for the **Year-end Performance Review** of all nurses (elementary, secondary and senior high school) for CY 2023 on **December 20, 2023** from 8:30 a.m. until 5:00 pm at Library Hub, SDO Talipan Pagbilao Quezon.
2. Participants shall be clustered as follows:

Participants (Elem,Sec, SHS Nurses)	Date
Congressional Districts II and IV	December 20, 2023 a.m.
Congressional Districts I and III	December 20, 2023 p.m.

3. The activity aims to:
 - a. present the individual accomplishment report of nurses per district for the CY 2023,
 - b. review and evaluate performance based on Key Result Areas, and
 - c. discuss other matters, issues and concerns relative to the Individual Performance Commitment and Review Form (IPCRF).
4. All nurses shall upload the accomplished IPCRF, Oplan Kalusugan sa DepEd (OKD) Accomplishment Report Form B and Action Plan for 2024 in the google drive link tinyurl.com/2023IPCRFNurses on or before **December 18, 2023**.

DEPEDQUEZON-TM-SDS-04-009-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321



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5. Transportation and incidental expenses of elementary and senior high school nurses shall be charged to Division MOOE while other travel and incidental expenses of secondary nurses shall be charged to School MOOE or local funds, subject to the usual accounting and auditing rules and regulations.
6. For further inquiries, please contact Marie Antoinette A. Tesalona, MD at cellphone number 09171222188.
7. Immediate and widest dissemination of this Memorandum is highly desired.


ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent 

shsmaat-mtma/12/05/2023

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Quality Form

Oplan Kalusugan sa DepEd Accomplishment Report Form

(Revised OKD Form B)



Document Code:

Revision:

Effectivity date: 09-1-2019

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							

1.a.5. SBFP Schools with Gulayan sa Paaralan

Schools	% 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

Schools	Amount of Financial Assistance Given
Total:	

2. NATIONAL DRUG EDUCATION PROGRAM (NDEP)

Activity	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					
Kabataan					
Lakas Isip Ing					
Others:					

3. ADOLESCENT REPRODUCTIVE HEALTH (ARH)

3.a. Teenage Pregnancy Data in Public Schools (Jan-Dec 2022)

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 (January to Dec 2022)

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

5.c. Capacity Building Activities Conducted

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

5.d. Cases of Mental Health

Schools	No. of Cases in Learners			Interventions	Remarks
	M	F	Total		
Total:					

Schools	No. of Cases in Personnel			Interventions	Remarks
	M	F	Total		
Total:					

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%)

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6.d. Dental Service Accomplishment Report

Schools	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:										

Schools	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 yers old & above only)	

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

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

I. PHOTOS (Before, During and After)

Prepared by:

Noted:

District Nurse

Section Head

Date: _____