



FIGHTING THE UNSEEN ENEMY: HEALTH SERVICES IN THE NEW NORMAL

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Abstract

The Covid-19 pandemic reshaped the lives of people all over the world. The new normal way of life led to the optimum mobilization of the health care institutions in response to the continued threats of the public health crisis. The pandemic continues to affect the lives of millions of Filipinos and the education sector is likewise badly hit by this pandemic. Officials, teachers, staff, and learners were not spared from the wrath of the deadly virus. With this, the role of the Health and Nutrition Services can never be underestimated. It is along this light that the study was conducted to assess the Health and Nutrition Services of the Schools Division Office-City of San Fernando as a basis in the formulation of a Comprehensive Health and Nutrition Plan. The study made use of the mixed method particularly the sequential explanatory with the school heads, clinic teachers and health and nutrition personnel as the respondents. An in depth-interview and structured observation were used using the thematic analysis in the management of the qualitative part of the study. The study found out that the objectives were attained, the support were evident and the materials and equipment were adequate. Moreover, all the indicators were noted as capabilities. There were themes emerged in the study namely feeding the body, strengthening the spirit, a fulfilled promise, the hands that heal, nurturing the mind, the undying commitment, and completing puzzle which are used to elucidate the efforts of the HNU in fighting the unseen enemy, that is, the dreaded viral infections. In conclusion, the HNU services are commendable and supportive of the thrust of the national government administration. The study recommended the adoption and implementation of the HNU comprehensive plan.

Keywords: Health and Nutrition Unit, Health and Nutrition Services, Health and Nutrition Comprehensive Plan, Sequential Explanatory

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To God be the highest glory.

~EAC~

I. Introduction of Research

The world has experienced pandemics since time immemorial. Throughout the history of humankind, there have been several large outbreaks of infectious diseases, and the death toll of these diseases is comparable to numbers of lives lost in wars. Within the 20 years of the 21st century, there have been numbers of large epidemics, such as SARS, MERS, Zika, Ebola, and now COVID-19 (Bloom & Cadarette, 2019).

The health care system witnessed the surge of these infections and was caught empty handed to address them. At those times, medical breakthroughs and advances have been elusive. As a result, more lives perished as the contamination became widespread and economic upheavals were further experienced by the populace.

Fast forward, today, with the fourth industrial revolution, the world is characterized by explosion of knowledge and unprecedented advances in the field of medical and health care. With this view, human illnesses can be easily cured or even that life can be prolonged.

The virus which originated in one of the cities of China has infected millions of people worldwide. The current fight against the novel coronavirus is not only a pressure test of China's overall medical system, but also a severe challenge to each hospital nationwide, especially in public health emergency identification speed, emergency management capacity, and the ability to reserve and distribute supplies.

In like manner, this scenario has led to an entirely different lives to most of the citizens of the world. The viral infection, named as Covid 19, ravaged even the most advanced and industrialized nations of the world. However, it did not spare the poor and struggling third world countries such as the Philippines. The non-availability of

anti-viral and vaccines has become more difficult on the part of the health care system to halt the further spread of the virus, related illnesses and even deaths.

The pandemic changed the lifestyles of peoples all over the world. It has adversely affected the economic world as political leaders find ways and means to keep afloat in the most challenging times. Economic managers have forecast recession; however, they did not expect that the devastating effects of the pandemic will be far worse as earlier noted. With this global scene, the educational system likewise suffered. The industrialized countries have addressed this educational concern given their advances in Information Technology as a vehicle to continue the delivery of educational services. However, the poor and struggling third world countries, such as the Philippines, have to face the more difficult task of delivering education given already the scarcity of resources further aggravated by economic constraints.

In the Philippines, educational leaders have made swift actions and strategies to continue teaching-learning. Despite the limitation of resources, classes commenced and learners enjoyed lengthy school vacation due to the threats of infections. The public school system for one has to adjust the opening of classes to allow the Department more time to prepare for the new modality of educational delivery.

In the opening of a new academic year, the safety and well-being of the learners is a paramount concern of the Department. The agency continues to deliver health services despite the challenges of the pandemic. There are six flagship programs of DepEd under the Oplan sa Kalusugan sa DepEd (OK sa DepEd) which cater to the health and well-being of the learners and all the officials and staff as well (Department Order No. 28 s. 2018 Policy Guidelines on Oplan Kalusugan sa Department of Education, 2018). However, of these six programs, four of them are accorded priority

to respond to the urgent challenges of the pandemic namely: the WASH, the medical, nursing and dental services, the SBFP, and the mental and psychosocial support services. These four are at the forefront to keep the workforce and learners of DepEd cope with the new normal of educational delivery

Relatedly, the Health and Nutrition Unit of the School Division Offices is tasked to handle the herculean challenge to ensure the health and safety of learners. To prepare the SHNU personnel in their roles in the new normal, the Central and Regional Offices have conducted various webinars. This is anchored on the notion that health personnel have to be continually updated on the reforms and preparations made by the Central Office. In like manner, more funds were diverted for the purchase of additional medical and health kits for employees and learners as well.

The Schools Division Offices in Region 1 provide the SHNU services to teachers, staff, and the learners. These Offices are tasked to look after the health and welfare particularly this pandemic. SHNU staff have attended re-orientation and webinars to further enhance their readiness with the new health challenges brought about by the pandemic. Due to the limited resources, SHNU personnel laments that optimum health and nutrition services can be delivered to target clientele.

The uncertain trajectory of COVID-19 has led to significant psychosocial impacts on SHNU personnel. These personnel have a critical role in the pandemic response including the management of isolation, fear, and increased anxiety; adapting to changes in school healthcare practice; navigating evolving workplace safety; and school health programs that are put on hold because of the new normal modular distance learning. The SHNU personnel also consistently reported increased anxiety due to them practicing outside of their usual role. During the pandemic, the SHNU personnel were also given additional roles such as monitoring of COVID-19 cases;

contact-tracing of learners and employees; immunization promotion activities; coordination with the PGLU and City Health Office during vaccination where the schools serve as facilities for vaccination drive; and preparation of classrooms as isolation facilities. Nevertheless, the LGU through the Special Education Fund had been an important resource in terms of augmenting needed materials in the schools and learning centers.

Furthermore, the pandemic has place a great challenge, collectively, not only to the SHNU staff but to the whole academic community. The partnership of the SDO-SHNU and that of the school heads and clinic teachers have played an immense role to counter and slow down the spread of the dreaded diseases.

The deadly virus has become a force in which mobilized all possible resources of the SDO and the schools and learning centers. In like manner, individually, the commitment of the SHNU staff and the rest of those involved in the fight of the unknown enemy performs their own roles and responsibilities. As individuals, the challenge is how can contribute to the bigger picture of addressing the ill-effects and repercussions of the pandemic. Individual effort which are harmonized are viewed to mitigate the effects of the global health crisis.

Given all these circumstances, the researchers were inspired to undertake a study on the status of HNU services with the hope of crafting an HNU comprehensive plan in order to address gaps and concerns in the delivery of much needed services.

II. Review of Related Literature

Profile

The School Health and Nutrition Unit is composed of a medical officer, dentist, nurse, and nutritionist dietitian. Each personnel has duties and responsibilities in delivering quality health services to their clientele. The school physician or medical officer plays a critical role in shaping the services provided in the school and supporting

the delivery of school health services through sound protocols and procedures.

Meanwhile, the school nurse is responsible in classroom inspection to detect early signs and symptoms/disability of learners as well as assisting the medical officer in school clinic works that include vital signs monitoring and immunizations. The school nurse also provides preventive and remedial measure for simple and common ailments and gives first aid treatment in the school, conducts visual and auditory screening, height and weight measurement and deworming of the learners. According to the National Association of School Nurses (NASN), the school nurse serves in a pivotal role in providing standards of practice that includes leadership, public health, care coordination, and quality improvement leadership (Maughan, Bobo, Butler, & Schantz, 2016). In a study conducted by Macairan et. al (2019) relative to the quality of work life of public-school nurses in the Philippines it was found out that the majority of nurses served less than a year and a few served for more than 10 years. In the same study, school nurses in the Department of Education have low opportunities provide at work such as participation in trainings and seminars that will help them enhance their competencies.

Furthermore, school dentists promote, protect, and maintain the physical and mental well-being and readiness of learners to learn, by planning, formulating strategies for Dental health programs, to provide establishment of viable and sustainable linkages with educational partners and stakeholders with Dental Health Programs. They also plan and formulate policies and guidelines limited only to Dental Health Programs of the Schools Division Office. As for the Dental Health Program and Services, school dentists develop, design, implement, evaluate, monitor, and report sustainable dental health programs for all learners in the Schools Division Office and prepares and submits periodic reports of accomplishments in Dental Health Care

Programs as well as in the establishment and maintenance of partnerships and agreements with other agencies and stakeholders based on DepED Standards for Dental Health and in direct support of all Nutrition Programs in the SDO.

Level of preparedness

In the early years of the century, infectious diseases such as small pox and diphtheria were prevalent. In the study conducted by the American Academy of Pediatrics (AAP) emphasized the importance of the school health services in controlling the spread of communicable diseases among young children (Holmes, et al., 2016).

In the Southeast Asian Ministers of Education Organization (SEAMEO) consider school health care and nutrition (SHCN) as crucial to improving quality and access to education. SEAMEO recognizes the convergence of education with health and nutrition issues and has declared this as a strategic program priority under its 8th Five-Year Development Plan for 2011-2016 (SEAMEO INNOTECH, 2021). In the study they conducted, it was found out that the School Health Care Nutrition implementation of the Philippines have strengthened national policies and frameworks on health and education, and that particular conditions such as adequate funding, strong leadership, and adequate human resources. The research findings include also the issues and challenges lack of parent engagement, insufficient funding, and unsustained behavior change in students.

It is widely acknowledged that the experiences of frontline primary health care professionals during COVID-19 are important to understand how they respond and act under situations of pandemic as the gatekeepers in primary health care system. School nurses are primary health care professionals who lead health care in schools

and practice in a holistic manner to address the needs of schoolchildren and school personnel.

A study done to explore experiences of school nurses during the COVID-19 pandemic in Hong Kong revealed the important role of school nursing professionals in minimizing the community-wide risk posed by pandemics and the need to integrate them into planning and implementation of school health policies and guidelines in the primary health care system. This essential role in schools is necessary to assess, implement, monitor, prevent, and reduce the spread of virus in school communities and to minimize the burden to and extra health care resources utilized in the acute care setting during COVID-19 pandemic (Lee, et al., 2020).

Education and health play a vital role in the society. The country's growth and development are propelled and supported by individuals who are gifted with intellectual, physical, and social capacities. Relative to this, there are issues that which are imposed towards the school organization whose mission involves the total development of an individual in holistic aspects (Naelga and Doncillo, 2016).

Level of adequacy of facilities and paraphernalia

A considerable number of variables that operate in the teaching-learning process invariably affect the educational performance and achievement of students. One crucial variable that directly impacts the quality of learning acquisition among learners is the adequacy or lack of school facilities that aid in the reinforcement of knowledge and skills. According to (Lackney & Picus, 2015), an effective school facility is responsive to the changing programs of educational delivery, and at a minimum should provide a physical environment that is comfortable, safe, secure, accessible, well illuminated, well ventilated, and aesthetically pleasing. The school facilities consist of not only the physical structure and the variety of building systems. Also, the 1987

Philippine Constitution puts special premium on education and accords it with the highest budgetary priority (The Constitution of the Republic of the Philippines, 1987). Moreover, the DepEd is not banking solely on budgetary allocations from the national government but will also do its share in securing partnerships to help fund the program. For instance, the DepEd plans to partner with local governments for the possibility of counterpart funding for classrooms.

The status of physical facilities especially in our public secondary schools today appears to be of great concern to educators. It seems that the provision of these school facilities has dwindled over the years, perhaps due to increase in school enrolment rate which had led to population explosion in public schools. It has been observed that school physical facilities are essential tools to facilitate and stimulate learning programs. Teachers need them in an ideal working environment. Experience shows that if physical facilities are available, students tend to have interest in learning; this will invariably lead to high performance (Akomolafe & Adesua, 2016)

In like manner, Local Government Code of 1991 has enshrined the role of the Local Government Units in assisting schools in their various programs, projects, and activities (Nolledo, 1991). One of which is the Feeding Program. Including also solid waste disposal system or environmental management system and services or facilities related to general hygiene and sanitation and other nutrition services.

Level of Support of LGU

Republic Act No. 11223 otherwise known as the Act of Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care System, and Appropriating Funds states that an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions and protected from hazards and risks that could affect the health (An Act Instituting

Universal Health Care For All Filipinos, Prescribing Reforms In The Health Care System, And Appropriating Funds Therefor, 2018). Further states that access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford the services. In the 2017 National Conference of DepEd Health workers the Oplan Kalusugan sa Deped (OK sa Deped) was launched to converge effort where health plans, policies, programs, and activities are implemented to ensure that all schoolchildren are provided with basic primary health and dental care to allow them to attain their full potential. This program strengthen the partnership between the Local Government Unit and other stakeholders (Ciriaco, 2018).

Health Nutrition Services Plan

A study conducted by Cabusora (2016) developed a capacity and training initiative along Disaster Management Preparedness in order to equip the School Heads in the SDO of City of San Fernando to be more responsive to cases of natural and man- made disasters. In the same manner, (Ruiz & Guiking, 2013) crafted a Proposed Scheme in Optimizing the Implementation of School Health and Nutrition Program in Public Elementary Schools. This program can help children and adolescents attain full educational potential and good health by providing the skills, social support and environmental reinforcement they need to adopt long-term and healthy behavior.

III. Research Questions

The study aimed to assess the status of delivery health and nutrition programs of the Schools Division Office-City of San Fernando (LU) in the new normal as a basis in the formulation of a Comprehensive School Health and Nutrition Unit plan.

Specifically, it sought to answer the following queries:

1. What is the current status of delivery of health and nutrition services in the context of the new normal along the following:
 - a. School Based Feeding Program;
 - b. Medical, Nursing, and Dental Services;
 - c. WASH in Schools Program; and
 - d. Mental and Psychosocial Services?
2. What is the level of support of the Local Government Unit?
3. What is the level of adequacy of materials and equipment?
4. What are the capabilities and constraints along:
 - a. Status of delivery of HUN services;
 - b. Level of support of LGU; and
 - c. Level of adequacy of materials and equipment?
5. What are the challenges encountered in the delivery of HNU Services?
6. What comprehensive HNU services plan can be proposed?
7. What is the level of validity of the proposed plan?

3. Scope and Limitation

The study was conducted to assess the status of School Health and Nutrition Services delivery of the SDO – City of San Fernando for School Year 2020-2021. The respondents were the 1 Medical Officer, 2 Dental Officers, 3 Nurses, 27 public elementary School Heads, and Clinic Teachers. There are six SHNU flagship under the Oplan sa Kalusugan (OK sa DepEd) programs; however, it was delimited to only four deemed to be accorded priority this pandemic namely: the SBFP, the WASH, the Medical, Nursing and Dental Services and Mental and Psychosocial Support services.

The output of the study is the Comprehensive School Health and Nutrition

Services Plan to address the issues and concerns relative to the program.

4. Research Methodology

This section presents the sampling, data collection, ethical issues, and plan for data analysis.

Sampling

There were 3 sets of respondents namely the School Health and Nutrition Personnel, School Heads, and Clinic Teachers. All the 27 public elementary schools of the SDO was involved in the study. A total enumeration of the School Health and Nutrition Unit Personnel, School Head, and Clinic Teachers was involved.

For the qualitative part of the study, the respondents' participation was based on the point of the saturation rule. The study used of the mixed method- both the quantitative and qualitative approaches. Sequential explanatory design utilized which implies collecting and analyzing quantitative and then qualitative data in two consecutive phases within one study. The two approaches are connected and the results are integrated (Ivankova, Creswell, & Stick, 2006).

Data Collection

A survey questionnaire was be crafted based on various Memorandum and Issuances relative to School Health and Nutrition Services for the quantitative domain. The questionnaire was validated by three Experts in the field of Health and Nutrition. A copy was given to the validators and were requested to evaluate its suitability as to face and content validity.

The Schools Division Office – La Union served as the respondents for the test of reliability. The SHNU Personnel and Clinic Teachers, ten each, was requested to answer the questionnaire. Their comments and suggestions likewise elicited for the refinement of the study. The gathered questionnaire was treated with Spearman Brown Prophecy.

The interview guide, for the qualitative domain, was based on various DepEd and DOH issuances. They were crafted based on the challenges in the light of pandemic. The researcher coordinated with the SDO research coordinator in crafting an interview guide. Anchored on the thrusts of the DepEd Health and Nutrition mandate. Initial review and validation was done with SGOD and CID chiefs and their comments and suggestions were incorporated. The final copy then was forwarded to the identified validators namely: Medical Officer, Dental Officer, and Nutritionist Dietitian. Their comments and recommendations were all incorporated and it was administered through scheduled interviews and focused group discussion to the respondents. Letter requests and permissions/waivers were made and secured and with the necessary approval was obtained, the tools were personally administered to the respondents. Also, schedules were made relative to the conduct of follow-up interviews to the school heads, clinic teachers and health personnel.

Treatment of the Qualitative Data

The researcher utilized the thematic analysis in interpreting the data. It is imperative that the study was conducted in a rigorous and methodical manner to yield meaningful and useful results (Nowell, et.al, 2017).

There are six steps in conducting this thematic analysis (Caulfield, 2019). First is the familiarization with the data. It is important to get a thorough overview of all the data that will be collected before analyzing. The researcher involved in transcribing audio, reading through the text and taking initial notes, and generally looking through the data to get familiar with it. The next step was the data coding. The researcher highlighted sections, phrases, or sentences in different colors corresponding to different codes. Each code describes the idea or feeling expressed in that part of the text. Depth analysis of the transcript of every interview will be conducted to identify

potentially interesting codes. After which, all data was collated into groups identified by code. It allows gaining a condensed overview of the main points and common meanings that recur throughout the data. Then the researchers combined the codes that are created and identify the patterns to create themes. The next step is to review the themes to ensure that the data are accurate and useful in the representations of data. After listing all the themes, all themes were named and defined. Naming themes involves coming up with a concise and easily understandable name for each theme. Defining themes involves formulating exactly what the themes mean and figuring out how it helps to understand the data. The last step is writing up the analysis of the data. The findings address each theme in turn and the researcher described how often the themes come up including examples from the data as evidence.

b. Ethical Issues

There are important ethical concerns that taken into account in this qualitative research. At the core, these ethical principles were protecting anonymity and confidentiality. It is expected that any gathered data was kept in confidentially, the participants informed before the interview starts that their names was removed or pseudo names was used to maintain privacy and confidentiality of the information and identity. All the information was kept in a locker and safe storage.

Obtaining informed consent for a research study requires open and honest communication between the researcher and the study participant. All participants in this study were given adequate information and were fully informed about this study.

All the participants was voluntary participated in this study. Voluntary participation is the decision as to whether or not to take part in this study is completely voluntary. If the participants decided not to take part in this study it will not affect the

care they receive and will not result in any loss of benefits to which they are otherwise entitled.

c. Data Analysis

Descriptive statistics were applied namely frequency counts, weighted means, and averages. The Likert's Scale, a three point scale, was used also to quantify the answers of the respondents:

Likert's Scale

Points	Ranges	Descriptive Equivalent Rating
3	2.17-3.00	Highly attained/complied/satisfied
2	1.78-2.16	Attained/complied/satisfied
1	1.00-1.77	Not attained/complied/satisfied

Capabilities and Constraints Matrix

The Capabilities and Constraints matrix was used to classify indicators rated as strengths and weaknesses. As such, all average weighted means of 2.17 were the capabilities while those with computed mean of 2.16 were the constraints.

Results and Discussion

This section presents the various data gathered, presented in tables, discussions, analysis and interpretation of the challenges encountered in the delivery of School Health and Nutrition services.

Status of Delivery of School Health and Nutrition Services

The status of delivery along the school health and nutrition services is limited to four areas of the OK sa DepEd Program considering that these are the more needed programs in this pandemic period.

School-Based Feeding Program

The table reflects three groups of participants and with their assessments in the

SBFO service delivery. It can be viewed further that the school head had an over-all mean of 2.80; the clinic teachers have an assessment of 2.67 and the health personnel group had an over-all mean of 2.45. The findings reflect that the school head gave the highest assessment and this denotes that they executed properly which are expected of them relative to the SBFP. As the administrator they are the helm of the feeding program since they are at the forefront in terms of program implementation. On the other hand, the health personnel gave the lowest evaluation. This is attributed to the notion that they are more critical in terms of program implementation.

A closer look in the Table it can be viewed that the over-all mean of 2.64 which signifies highly attained. This implies that the school-based feeding program is highly implemented amidst the pandemic. This is consonance with the study conducted by (Dimaculangan, 2019) that school feeding program helps the learners in performing activities or tasks in school. Based in the findings in the study, this program is effective with proper implementation to attain the main objective which is to eliminate or lessen the undernourished schoolchildren. As such the Department of Education has continued the implementation of the School-Based Feeding Program noting its relevance in the midst of the COVID-19 pandemic and the challenges it presented (Department Order No. 023 s. 2020 Operational Guidelines on the Implementation of the School-Based Feeding Program for SY 2020-2021, 2020). With the challenges brought by the pandemic, DepEd adopted and innovated strategies to implement the SBFP following all standard health protocols. Due to deferment of face-to-face classes, most of the schools directly distributed the food and milk items to the homes of the beneficiaries (AIDE MEMOIRE School Based Feeding Program 2021 Update, 2021). Under the new normal and the blended distance learning mode. DepEd intensified its partnership and collaboration with the local government units in the

distribution of nutritious food and milk packs directly to the homes of the learners. In areas where parents and/or guardians go to school to pick up self-learning modules and/or to submit accomplished work sheets of their children, food and milk ration for one week are also distributed to them.

It is worthy to note that all identified indicators are evaluated as highly satisfied. As such, the groups of respondents are indeed appreciative of the implementation of the feeding program. The result also corroborates to (Delbiso, Kotecho, & Asfaw, 2021) which they found out that school feeding program conducted improved school attendance as well as in concentration and they also added dropout and lateness. Moreover, the Covid-19 pandemic has shown the importance of school and community food programs aimed at improving dietary intake, health and well-being, cognition and educational achievement of children and young people. Research has demonstrated that schools can provide an effective vehicle to deliver such interventions as they provide a means of delivering age-appropriate knowledge as well as providing a means to access a service (e.g. school dinners, school breakfast clubs) at a national, regional and local level. However, during prolonged periods, as in the case of school closures during the Covid-19 pandemic, many families are forced to rely heavily on community programs, food banks, and additional government payments or food vouchers (Lemuel et.al, 2021).

A closer look at the Table reflects that item number 6 got the highest rating. This implies that the participants are well versed and comply with existing issuances and memoranda from the central office. This is a good manifestation of their adherence to orders coming from higher offices. On the other hand, the indicator which garnered the least evaluation, though highly satisfied is, item number 8 which is the distribution of food items. This scenario is understandable considering the limited

movements of suppliers and distributors of food items. Furthermore, the limited number of vehicles and checkpoint areas have contributed to this scenario. Nonetheless, the participants are generally happy with the feeding program environment. The schools are able to provide items to target learners despite the absence of face-to-face classes. The coordination of all concerned has led to the very satisfactory observance of the program. Learners, as they stay in their home, still experience feeding program through nutritious and ready to eat food like fortified bread, milk and similar food packs.

Table 1
School Based Feeding Program

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating
1. The food and the milk served are generally acceptable in term of palatability/taste and general appearance	2.70	2.52	2.33	2.52	Highly Attained
2. Food served within the desired holding time and should be consumed before the expiry date.	2.78	2.63	2.33	2.58	Highly Attained
3. Storage standards are properly observed	2.78	2.70	2.17	2.55	Highly Attained
4. All targeted beneficiaries are covered.	2.78	2.63	2.50	2.64	Highly Attained
5. The program follows observance of proper accounting and auditing rules and procedures in terms of financial management	2.89	2.63	2.67	2.73	Highly Attained
6. The program adheres general compliance to	2.89	2.74	2.83	2.82	Highly Attained

Memorandum and Issuances by the Central Office					
7. Conduct of Monitoring and evaluation from the Schools Division Office	2.70	2.74	2.50	2.65	Highly Attained
8. The schedules of distribution of food items are generally followed	2.74	2.70	2.00	2.48	Highly Attained
9. Minimum health standards are observed in the distribution of food items.	2.89	2.67	2.50	2.69	Highly Attained
10. The 60 days for the regular component (enriched bread) and 50 days for the milk component are accomplished	2.81	2.70	2.67	2.72	Highly Attained
Grand Mean	2.80	2.67	2.45	2.64	Highly Attained

Medical, Dental, and Nursing Services

It can be viewed from Table 2 the medical, dental and nursing services. The over-all mean of 2.55, described as highly attained, signifies that these services are well realized. This is indeed a remarkable picture of the health care service components. The findings support the statement of (Cirico, 2018) that according to Secretary of Education Leonor Briones emphasized the significant role of the DepEd health personnel in taking to the ground the various school health programs, projects and activities of the department. Further, she also highlighted that the DepEd health workers contribute in keeping the learners healthy and also the teaching and non-teaching personnel in achieving their full potential. Despite the challenges of the pandemic, health personnel were able to successfully deliver medical, dental and nursing services. A closer cursory of the Table reflects that all the indicators are rated as highly attained. This a solid proof that the services are really well implemented in

the new normal. It can be viewed from the Table that the indicator rated the highest pertains to item number 2 on the coordination with health and other agencies. The participants are highly commended for this feat since they are able to forge strong partnership with concerned offices and entities. This harmonious relationship reflects the amiable characteristics possessed by the health care providers and school heads. On the other hand, the lowest rated indicator, although still evaluated as highly attained is on item number 6 on training on basic life support. This is understandable since the health personnel are the ones who are well trained along this domain. The school heads and clinic teachers may have exposures along this area albeit only limited. In this light, the challenged posed to health personnel is the initiative to train concerned school staff on basic life support since this is a very important skill in health care delivery.

Table 2

Medical, Dental, and Nursing Services

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating
1. Participation to regular webinars/seminars	2.59	2.70	2.83	2.71	Highly Attained
2. Coordination with other Health/medical agencies	2.70	2.70	2.83	2.74	Highly Attained
3. Provision of treatment, consultation, health counseling, and referrals	2.48	2.56	2.83	2.62	Highly Attained
4. Safety and Security	2.89	2.89	2.33	2.69	Highly Attained Highly Attained

measures of schools					
5. Covid-19 monitoring to learners and teachers	2.78	2.89	2.50	2.72	Highly Attained
6. Training on First Aid/ Basic Life Support	2.26	2.60	2.17	2.32	Highly Attained
7. Provision of promotive and curative oral services	2.41	2.52	2.17	2.37	Highly Attained
8. Provision of hygiene kit	2.85	2.86	2.00	2.57	Highly Attained
9. Provision of telemedicine	2.33	2.44	2.33	2.37	Highly Attained
10. Issuance of memo/health advisories on Infection Prevention and Control	2.70	2.78	1.67	2.38	Highly Attained
Grand Mean	2.60	2.69	2.37	2.55	Highly Attained

WASH in Schools

Table 3 reflects the presentation along WASH in Schools. It can be viewed from the Table the over-all mean which is 2.42. This means that the program is highly attained. The finding implies that the WASH program is functional and well implemented. This is in consonance with the study of (Rivera, 2020) revealed that the WASH are highly implemented in its areas and the performance of the support system were very satisfactory. This program is very essential to combat the spread of Covid 19. Health advocates strongly encourage the practice of handwashing as the best way to prevent the viral infection and other communicable diseases. According to (Vally, et

al., 2019) the school-based WASH program increases the knowledge and hygiene behaviors of the learners thus preventing diseases such as diarrhea and other respiratory infections. As such, handwashing activities can only be carried out in the presence of abundant water supply system, soap products and other hygiene paraphernalia. The participants point out that all the eight out of the ten indicators are highly attained which is a reflective of their contentment of program. A closer examination of the Table shows that the highest rated item is the clean and safe environment. This is attributed to the strong housekeeping program of the SDO and that of the schools. Despite the pandemic, health and sanitation are maintained in the school. This is a commendable practice worthy of emulation. On the other hand, it can be viewed from the Table that there are two indicators rated as not attained and they are items numbers four and seven and these pertain to hand drying facilities and towels which should be ready to use. Hand drying facilities are rather costly and this is the reason the schools and SDO do not have such facility. In like manner, the absence of towels and other drying materials weaken the delivery of WASH services. It is important to note that handwashing is incomplete if the hands are not properly dried. The contamination can still be possible as individuals may use their handkerchief or unsanitized materials to dry their hands. According to Centers for Disease Control and Prevention, 2021 recommends hand drying such as clean towels or hand dryers mitigate the transfer and the spread of viruses like COVID-19.

Table 3
Wash in Schools

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating
1. Adequate supply of potable water	2.52	2.52	2.67	2.57	Highly Attained

2. Soap products	2.67	2.81	2.00	2.49	Highly Attained
3. Lavatory with roofing	2.59	2.78	1.83	2.40	Highly Attained
4. Hand drying facility	2.07	1.81	1.00	1.63	Not attained
5. Storage facility for water	2.59	2.59	2.33	2.50	Highly Attained
6. Toothbrushes/toothpaste and glasses	2.52	2.52	2.00	2.35	Highly Attained
7. Towel and drying materials	2.22	2.07	2.17	2.15	Not attained
8. Alcohol/hand sanitizer	2.78	2.89	2.50	2.72	Highly Attained
9. Clean and safe environment	2.85	2.89	2.50	2.75	Highly Attained
10. Correct hygiene and sanitation practices	2.81	2.89	2.17	2.62	Highly Attained
Grand Mean	2.56	2.58	2.12	2.42	Highly Attained

Mental and Psychosocial Services

It can be seen in Table 4 the results relative to mental and psychosocial services. The over-all mean of 2.31 described as highly attained implies that this domain is highly realized. This is a good sign of the successful effort of health personnel to address the psychological and mental well-being of learners, teachers, and staff. The pandemic has brought a range of psychological disturbance such as anxiety, apprehension and to a certain extent depression. The quarantine period has brought intense feelings of isolation regardless of age and socio-economic status in life. The Table further reflects that all the indicators are assessed highly attained. This supports the concerted efforts of SDO health personnel and school officials to address the mental well-being of learners. From the Table, it can be viewed that highest rated indicator is item number 9, that is, the regular submission of reports. This achievement mirrors the prompt submission of reports and this is attributed to the commitment and

hardwork of all school officials, clinic teachers and health personnel. The submission of regular reports is essential to monitor the status of psychosocial and mental well-being particularly to learners. As such, proper interventions can be undertaken should there be reports of related incidents of mental disturbances. In this light, the pandemic has brought serial mental challenges. Anxiety, depression are few of ill effects of the pandemic. As school children are kept in their homes, they can no longer play outside and be with their school mates.

Table 4
Mental and Psychosocial Services

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating
1. Conduct of Psychosocial First Aid	2.48	2.30	2.00	2.26	Highly Attained
2. Attendance to webinar seminars	2.37	2.52	2.33	2.41	Highly Attained
3. Presence of trained mental health service providers	2.30	2.19	2.33	2.27	Highly Attained
4. Series of online/ onsite lecture on psychosocial counseling	2.41	2.30	2.67	2.46	Highly Attained
5. Establishment efficient linkages with other agencies and organizations that provide mental health support and treatment	2.26	2.30	2.33	2.30	Highly Attained
6. Integration of age-appropriate content pertaining to mental health	2.33	2.15	2.33	2.27	Highly Attained

into the curriculum					
7. Conduct of onsite/online counseling	2.30	2.00	1.83	2.04	Highly Attained
8. Home visitations as the need arises	2.44	2.41	1.83	2.23	Highly Attained
9. Regular submission of Monitoring/Status Reports	2.63	2.44	2.50	2.52	Highly Attained
10. Support from other agencies to Mental and Psychosocial Services	2.44	2.26	2.33	2.34	Highly Attained
Grand Mean	2.40	2.29	2.25	2.31	Highly Attained

Level of Adequacy of Materials and Equipment

The level of adequacy of materials and equipment is manifested in Table 5. It can be viewed from the Table that the materials and equipment are highly complied. This reflects that these essential paraphernalia are available, ready, and sufficient. As such, they are compliant in terms of desired number and volume. It is worthy to note that all the indicators are rated as highly complies which reflect the participants' appreciation. It can be viewed that the highest rated indicators is that the facial masks. The participants concur that this material is indeed the most crucial and is the most highly complied. The WHO organization emphasizes that the face mask is the first line of defense against the coronavirus (World Health Organization, 2019). As latest research proves, the virus is airborne; hence, the use of facial masks is indeed imperative to combat the surge of infections. The least rated item, though still highly complied, is that of the PPEs. The respondents recognize that this is the weakest area and this is attributed to the fact that PPEs are costly. These materials are disposable also. It is worthy to note that the clinical areas like hospitals and clinics are the ones

more suitable for this paraphernalia. Health personnel may use other protective gears which are less costly yet still effective to minimize the exposure to the dreaded virus.

Table 5
Level of Adequacy of Materials and Equipment

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating
1. Hygiene kits	2.63	2.78	2.00	2.47	Highly Complied
2. PPEs	2.37	2.48	1.83	2.23	Highly Complied
3. Disinfectants and Cleaning Materials	2.74	2.85	2.50	2.70	Highly Complied
4. Disinfection Tools (sprayer)	2.56	2.78	2.33	2.56	Highly Complied
5. Storage Facilities	2.60	2.63	2.17	2.47	Highly Complied
6. Emergency and Over the Counter Medicines	2.44	2.59	2.33	2.45	Highly Complied
7. Oral Vitamins and Health Supplements	2.56	2.63	2.33	2.51	Highly Complied
8. Face Shields	2.67	2.78	2.67	2.71	Highly Complied
9. Facial Masks	2.67	2.85	2.67	2.73	Highly Complied
10. Vehicles for conveyance purposes	2.00	2.19	2.33	2.84	Highly Complied
Grand Mean	2.52	2.66	2.32	2.57	Highly Complied

Level of Support

It can be gleaned from Table 6 the level of support of the LGU to the status of delivery of health care services. The Table reflects the overall mean of 2.12 described as satisfied. This denotes that the participants have only satisfactory or middle of the road assessment of such. A closer look at the Table reflects that five indicators are rated as satisfied and also five indicators are evaluated as highly satisfied.

In the Table, item number 10 garnered the highest rating and this implies that

information mobilization of the city is high appreciated. Indeed, it is functional and serves the needs of the clientele. In like manner, the participants took note of the material resources of the city being the second highest. The findings imply the City has sufficient material resources that support the successful delivery of needed services. These two indicators are a good sign of how the City responds to the needed partnership with that of the SDO. The Division Office has continued and sustained partnership with government agencies, non-government and private organizations in the fight against the pandemic. The SDO recognizes that it cannot fight alone the unseen enemy; hence, the community becomes a strong partner.

On the other hand, the items rated the least are the transportation and mobility domain and that of the funding sources of the city. Despite the high satisfaction given to the availability of material resources, the participants have concerns relative to the funding resources of the LGU. This is understandable since the LGU has a lot of concerns to finance in times of pandemic. In the same light, the level of satisfaction relative to transportation and mobility can be attributed to the easy access to it. The pandemic posed a lot of challenge and limitations. In terms of transportation, it is understandable that vehicles are divided to their different service areas. Also, the limited number of drivers as driven by quarantine issues and exposures have affected the ideal level of availability of vehicles to augment the mobility and transportation needs of schools and personnel. Mobility is crucial in the fight against the dreaded virus. Transportation's role can never be estimated as they move goods and services where they are needed.

Table 6
Level of Support of LGU

Indicators	School Head	Clinic Teachers	Health Personnel	Average	Descriptive Equivalent Rating

1. Funding Resources of city LGU	2.30	2.30	1.50	2.03	Satisfied
2. Transportation and Mobility city LGU	2.15	2.22	1.50	1.96	Satisfied
3. Manpower support of city LGU	2.26	2.33	1.83	2.14	Satisfied
4. Barangay Councilors	2.26	2.30	2.00	2.19	Highly satisfied
5. Barangay Health Workers	2.22	2.44	1.67	2.11	Highly satisfied
6. Monitoring of City Officials	2.22	2.33	1.67	2.07	Satisfied
7. Material Resources of city LGU	2.33	2.30	2.00	2.21	Highly satisfied
8. Training and Development Support of city LGU	2.22	2.33	1.67	2.07	Satisfied
9. Research and Development Support of city LGU	2.19	2.22	2.17	2.19	Highly satisfied
10. Information mobilization of city LGU	2.41	2.37	2.17	2.23	Highly satisfied
Grand Mean	2.26	2.31	1.82	2.12	Satisfied

Capabilities and Constraints

The capabilities and constraints is portrayed in Table 4. It can be gleaned from the Table all the three domains are constraints which imply that the status of the health general services, in general, is functional and commendable. This is a remarkable manifestation that the SDO, amidst the pandemic, has successfully carried out essential services to the clients. It can be inferred also that the SHNU staff and its partners have tremendously performed their functions and responsibilities in

consonance to protocols and guidelines set by IATF and that of the DOH and other government agencies tasked to oversee the implementation of health and welfare of citizens. The findings further portray that at least the SDO was able to handle the challenges posed by the pandemic. The greater challenge in the sustainability of such feat in this view. The continued strong SDO, school, and community partnership is viewed as the tool to manage the challenges and difficulties that the pandemic may continue to bring.

Table 7
Capabilities and Constraints

Indicators	Over-all Mean	Capabilities	Constraints
1. Status of delivery of health and nutrition services	2.48	/	
2. Level of adequacy of materials and equipment	2.57	/	
3. Level of support of the Local Government Unit	2.12	/	

Challenges encountered

The challenges encountered by the participants are aligned with the earlier findings raised. As such, the thematic images support the earlier quantitative findings of the study. This is in response to the efforts of the health care staff, school heads, and teachers to combat the spread of Covid 19, the unseen enemy. The thematic images are as follows: feeding the body, strengthening the spirit; a fulfilled promise; the hands that heal; nurturing the mind; the undying commitment, and completing the puzzle.

Feeding the body, strengthening the spirit (SBFP program)

Clinic Teacher A states that.. “Mabuti at may feeding program kahit panahon ng pandemya”. This is concurred by School Head C when he stated that “Mag bebenefit talaga ang mga target recipients sa feeding program. Yung tinapay at gatas

sa mga bata ay malaking tulong sa kanila. It shows that this program contribute to nutritional status and increase the cognitive function and academic performance of the learners (Operational Guidelines on the Implementation of the School Feeding Program). Dahil dito, palagi naming ni rerefer sa mga issuances ng Central Office ang paggawa namen ng report. In like manner, Health Care Provide M. stated that patuloy ang feeding program dahil may sapat na pundo at matulungan ang mga bata na severely wasted and wasted.

A fulfilled promise (Medical, dental, and nursing services)

Clinic Teacher stressed that ang medical/nursing services ay palaging nag follow-up at monitor ang kalusugan ng teachers at mga learners. Masaya kami na suportado ang health program. School Head D shared also her appreciation to Health Care of the SDO when she stated that “napaka accommodating and approachable mga SDO Health Staff, kahit through the phone or messenger promptly sila sumasagot.

Health Care Provider V happily shared that palagi kami nag momonitor para on-time kami makapagsubmit din ng mga reports sa regional and central office. Masaya kami na mapagsilbihan ang mga nasa Division Office and lalo na sa field offices, schools, and learning center. Yung pagud di naman maramdaman dahil masaya kami sa pagserve sa mga clients.

The hands that heal (WASH in schools)

Clinic Teacher Z noted that nagging intensified ang handwashing. Mabuti at may supply ng tubig at sabon na ready gamitin. Walang lang drying equipment na available dahil mahal ciguro siya. School Head K happily shared that priority naming ung pagkaruun ng sustainable wash facilities na magamit ng lahat at lalo mga pumupunta sa schools. May washing facility na nakalagay malapit sa main gate. We

also maintained cleanliness of the surrounding at dahil sa Covid naidagdag ung sanitation sa paligid. Alcohol, chlorine mixture are always available.

Health Care Providers M and L share their experiences in school monitoring. They stressed that nag inventory kami palagi ng WASH facilities. Check din naming pag may sapat na sabon, supply ng tubig and ung regular na pag disinfect sa surroundings. We regularly conduct advocacy in terms of cleanliness and sanitation.

Nurturing the mind (Mental and Psychosocial Support)

During the pandemic, anxiety and restlessness are common experiences of all. With this Clinic Teacher L stated that contact namin agad ang mga taga medical pag nararamadaman kami na mental discomfort. May mga magulang na nagsasabi na balisa ang mga anak nila kay nagbebegay kami ng health teachings kasama mga taga SDO na health care providers. In the same vein, School Head D opined that normal na makakaranas sa panahon ng pandemya, bata man o matanda. Kaya merung online kumustahin sa mga teachers, parents, and learners. Ito ay para mapatatag ang psychological make-up at ma kacope sa emotional disturbances ng school at community.

Health Care Provider I also shared her emotional and mental experiences this pandemic. She stated that she is able to help and reach out to the schools. She reiterated that nagbibigay kami ng regular counseling lalo sa mga nirerefer ng Clinic Teachers na anxious. May mga nababalita rin mga slight depression kaya we reach out para mahelp mentally and emotionally ang mga teachers, staff , and learners. Commitment namen na mapangalagaan ang kanilang mental safety lalo ngaun sa challenges ng Covid 19.

The undying commitment (Level of Support of LGU)

The LGUs are partners to all the undertakings of the school system. As such,

they provide material and man power resources. In this time of pandemic, the LGUs support is more important than ever. Clinic Teacher X expressed her gratitude to the full support of the LGU in this pandemic. Malaking pasasalamat namen sa officials ng City sa patuloy na suporta lalo ngaung may public health crisis. In the same light, School Head E stated that the LGU is an essential partner, with or without the pandemic. She goes to state that.. Palagi namin nararamadaman ung tulong sa city, pag may request kami ito at napagbibigayan basta may nakalaan na pundo.

Health Care Provider M expressed her gratitude to the assistance given to all health care initiatives. She further illustrated that masaya kami na palaging tumutulong and City sa mga advocacy naming pagdating sa health.

Completing the puzzle (Level of Adequacy of Materials and Equipment)

Material resources are crucial for they support the effort to curb the dreaded viral infection. As such, Clinic Teacher X narrated the sufficiency of materials and equipment available. Happy kami na may mga ready kami na gagamitin sa school. Also, School Head F stated that there are adequate materials to support the crusade for healthier teachers, staff, and learners. She further noted that lahay ay nabibigayan ng materyales para magamit nila. Ito ay kasama na rin sa suporta para maging malusog sa panahon ng pandemya.

These observations are also shared by Health Care Provider K as he emphasized that complete ang mga kailangan namin na materyales para sa aming advocacy sa health care sa mga officials, staff, and the school/community. Mabuti at available at nasa tamang quantity ang mga facilities dahil pag nagkulang mahihirapan kami na tulungan ang mga clients namen.

Conclusion and Recommendations

The School Health and Nutrition services are worthy and supportive to the

thrust of the national government administration. The implementation of these services are commendable despite this public health crisis brought about by covid-19. The study recommended the adoption and implementation of the SHNU comprehensive plan. Further, it is also recommended that similar studies be undertaken along other OK sa DepEd flagship programs such as Wash in Schools and National Drug Education Program.

SCHOOL HEALTH AND NUTRITION UNIT COMPREHENSIVE PLAN

Rationale and Context

The world has been overwhelmed with the Covid 19 Pandemic on the number of increasing documented cases and deaths have continued to be reported worldwide. The public health crisis continues to ravage countries all over the world in various magnitude and intensity. This is, despite the massive vaccinations of peoples in the world, infections are unabated and deaths hug the headlines of daily newspapers. The Philippines was not spared with this very devastating pandemic. It has encountered surges with the continued mutation of the dreaded virus. As such, national political leaders have shifted to strategies in order to contain and combat the public health countries. Successful countries who have successfully contained the transmission is Japan and New Zealand to name a few. Their government leaders are admired for their foresight and political will to enforce discipline and obedience from their citizens. As such, they were able to arrest the surges and contained the threats of infections and deaths among their citizens.

The Philippines continues to wage its battle with the public health crisis. As more people get vaccinated, the infections has slowed down as of the present time. National government agencies are directed by the national administration to take all

necessary steps and precaution to address the challenges of the pandemic. This is anchored on the notion that the over-all health and well-being of the workforce in the bureaucracy is protected and prioritized in order to deliver the mandates and sustain client satisfaction.

The Department of Education is one with the national administration in its quest to minimize the impact of the pandemic such that all its stakeholders will be able to live the new normal and attain healthy lives amidst the pandemic.

The DepEd, the largest government agency, has taken its massive interventions and initiatives to address the challenges of the pandemic. This is anchored on the principle that it has to continue delivering its mandate, that is, education in the new normal. This mandate is further propelled by the words of Secretary Briones when she highlighted that “no learners should be left behind”. The crusade continues with the blended learning implementation targeting the peculiar needs of learners all over the country. With this modality, there are health challenges that go with it. As such, the health and safety of the internal and external stakeholders of the DepEd has to be prioritized along with the continued implementation of the blended learning approach. The Health and Nutrition Services is at the forefront to handle Covid infections and related diseases of afflicted personnel. Indeed, fighting the unseen enemy to DepEd health care personnel is a gargantuan task even with the second year already of the pandemic.

The SDO- City of San Fernando, La Union shares its commitment with the Central Office and National Administration in the quest for health and wellness of its workforce amid the pandemic. The SDO, through its Health and Nutrition Unit, recognizes the battle with the unseen enemy. The HNU has taken brave efforts to address challenges despite the limitations of resources and the management of

infections experienced by both teaching and non-teaching staff.

The Health and Wellness Plan was conceived in the light of these salient observations and circumstances from the study. It has taken into account priorities and urgent concerns in the crafting of the intervention to address the health care needs of the SDO workforce and that of the learners and studentry. Furthermore, the initiatives' findings relative to strong points will be sustained, as the weaknesses or constraints will be addressed through convergence and partnership with concerned agencies and groups of individuals.

With all these observations, this intervention was conceptualized in response to the health and wellness challenges brought about by the public health crisis – Covid 19. The commitment of SDO City of San Fernando is the hallmark of quality service, that is, to prioritize the health and wellness of all stakeholders in this challenging times and also to the post pandemic era.

SCHOOL HEALTH AND NUTRITION UNIT COMPREHENSIVE PLAN YEAR 1

Areas of Concern	Present Scenario	Specific Objectives	Human Resources	Financial Resources	Time Frame	Monitoring and Evaluation
School-Based Feeding Program (SBFP)	Milk feeding and nutritious meal for the identified beneficiaries continued	<p>To address hunger and encourage learners to enroll amidst the pandemic.</p> <p>To improve the nutritional status of the beneficiaries by at least 70% at the end of the feeding</p> <p>To contribute to the improvement of the nutritional status of the feeding recipients.</p> <p>To provide nourishment for the growth and development</p>	<p>Schools Division Superintendent</p> <p>Assistant Schools Division Superintendent</p> <p>Chief of Schools Governance and Operations Division</p> <p>SDO SBFP Coordinator</p> <p>School Feeding Budget and Finance Section Coordinators</p> <p>School Health and Nutrition Personnel</p> <p>Social Mobilization and Monitoring and Evaluation Unit</p>	Funded by the Central Office (CO)	November 2021 to January 2022	<p>Arrange the delivery of milk from drop-off points to schools.</p> <p>Rehabilitated at least 70% of the end of the feeding</p> <p>Ensure that the milk supply is picked up during the exact time of delivery by the supplier or within an hour at the most to preserve the quality and freshness of milk.</p> <p>Coordinate to the City Health Office or the City Nutrition Action Officer for the taking of weight and height measurements of the recipients before, during, and after the feeding program</p>

Medical, Nursing and Dental Services	<p>No face to face physical examination/consultation to learners</p> <p>Limited face to face consultation/examination to teaching and non-teaching personnel</p> <p>Most of the consultation conducted is through telemedicine</p>	<p>To provide medical treatment through tele-consultation To reduce contact with the staff</p> <p>To ensure the maintenance of good oral health and in the prevention of oral diseases during pandemic</p>	School Health and Nutrition Unit Personnel	Division MOOE, OK sa DepEd Fund, School Dental Health Care Program Fund	November 2021 to September 2022	<p>Create a google monitoring sheet to establish baseline data</p> <p>Provided teleconsultation to DepEd personnel and learners</p>
WASH in Schools	All schools in Division has zero star in the scoring sheet of WINS	<p>Improve equitable access to safe water, adequate toilets, and handwashing facilities</p> <p>Ensure that schools are kept clean and safe through school-based solid-waste management and food sanitation</p>	<p>Division Superintendent Assistant Schools Division Superintendent Chief of Schools Governance and Operations Division Medical Officer SDO WINS Coordinator School Head School WINS coordinator</p>	<p>School Maintenance and Other Operating Expenses as per RA 9155</p> <p>Donations from internal and external stakeholders</p>		The SDO through the Monitoring and Evaluation Unit and SDO WINS coordinator monitored the overall implementation of the policy and guidelines to determine its efficiency and effectiveness as well as the issues and

		Engage public and private partnership for program implementation and sustainability.				<p>concerns/ problem encountered Stakeholders that are directly involve in the program may also provide assistance in the implementation and provide feedback.</p> <p>Conduct an Annual Performance Implementation Review of the WINs program</p> <p>Submission of schools of Wins report quarterly</p>
Mental and Psychosocial Services	Lack of trainings on mental health and psychosocial services	<p>To promote mental health and psychosocial well-being to teaching, non-teaching personnel, and learners</p> <p>To establish baseline data on common health problems among learners and DepEd personnel</p> <p>To formulate intervention on the mental</p>	<p>Schools Division Superintendent Assistant Schools Division Superintendent SGOD and CID chief Division Disaster Risk Reduction Management Coordinator Guidance Counselors Division School Mental Health coordinators Division Youth Formation Coordinator</p>	OK sa DepEd Program Fund School MOOE	Start of the School Year to End of School Year	<p>Conducted more trainings/ seminars</p> <p>Increased awareness on mental health</p>

		health appropriate situation	SHNU Personnel			
Level of support	There are few stakeholders that can be tapped	To establish list of possible stakeholders	Schools Division Superintendent Assistant Schools Division Superintendent SGOD Chief Social Mobilization Unit SHNU Personnel School Head Parents Teachers Association Supreme Governing Council Local School Board Members	Ok sa Deped Profram Fund	Start of the School Year to End of School Year	Established the list of stakeholders
Level of Adequacy	There are still facilities and equipment need to request for purchase	To augment the existing supplies and equipment needed in the implementation of the various programs To tap potential partners and donor	Schools Division Superintendent Assistant Schools Division Superintendent SGOD Chief Social Mobilization Unit SHNU Personnel School Head Parents Teachers Association Supreme Governing Council	School Dental Health Care Program Fund Ok sa DepEd Program Fund Covid019 Fund Division MOOE	November 2021 to September 2022	Purchased additional supplies/equipment

			Local School Board Members			
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SCHOOL HEALTH AND NUTRITION UNIT COMPREHENSIVE PLAN YEAR 2

Areas of Concern	Present Scenario	Specific Objectives	Human Resources	Financial Resources	Time Frame	Monitoring and Evaluation
SBFP	There are learners who are wasted	To rehabilitate 90 percent of identified wasted beneficiaries	School Head SBFP Coordinators SDO Officials and staff	Central Funding	SBFP Timeline	Achieve the target of 90 percent through aggressive M and E
Medical, Dental, Nursing Services	The post pandemic still pose health risks and issues to personnel and learners	To further strengthen medical, dental and nursing services to cater to post pandemic	SDO Officilas HNU Staff	CO Funds SDO Funds Donations from Partners	Year Round	Minimize incidents of health and medical risks to personnel and learners
WINS	There are still schools which lack sustained facilities year round	To expand WINS facilities to prepare learners for limited face to face learning	School Heads WINS Coordinators SDO Officials and Staff	SDO Funds Donations from Partners	Year Round	Achieve target expansion of WINS facilities
Mental and Psychosocial	The pandemic has lasting impact on the mental and psychosocial well-being of learners and personnel	To fortify the conduct of training and seminars along these areas	SDO Officials SHNU personnel DRRM Coordinator	Ok sa Deped Fund DRRM Fund	Year Round	Conducted series of seminars
Level of Support	There are still potential linkages and partners which can be tapped	To strengthen convergence and linkages with partner	SDO Officials SMME Unit	Possible Donations from target partners	Opening of Classes	Creation of a Data Base to Monitor

		agencies and individuals				Donations of Partners
Level of Adequacy	There are facilities and equipment which have to expanded in terms of coverage	To strengthen provisions for facilities and equipment to support opening of limited face to face classes To tap potential partners and donor	SDO Officials School Officials and Teachers	CO Fund SDO Fund Fund from donations	Start of classes and end of classes	Creation of a Data Base for monitoring purposes

SCHOOL HEALTH AND NUTRITION UNIT COMPREHENSIVE PLAN YEAR 3

Areas of Concern	Present Scenario	Specific Objectives	Human Resources	Final Resources	Time Frame	Monitoring and Evaluation
SBFP	There are still identified wasted children	To achieve 95 percent rehabilitation of identified targets	SDO Officials SHNU personnel School feeding coordinator	CO funding	SBFP Timeline	Creation of Data Base Attainment of set targets
Medical, Dental, and Nursing Services	Medical, dental and nursing services are availed in the post covid era by internal and external stakeholders	To sustain the Medical, Dental and Nursing Services for Post Covid	SDO Officials SHNU Personnel School Feeding Coordinator	Ok sa Deped program Fund Division MOOE	Year Round	Attainment of set targets as to the number of clients served
WINS	WINS are already in place	To sustain the gains of the WINS services	SDO Officials SHNU personnel School Head	School MOOE Donations	Year Round	Attainment of set targets and functionality of WINS facilities

			School WINS coordinator			
Mental and Psychosocial Services	The post covid era had lasting impact to mental and psychological well-being of learners	To sustain the delivery of timely and relevant mental and psychological webinars and services to target clients	SDO Officials SHNU personnel School Head School DRRM coordinator	OK sa DepEd program fund DRRM Fund	Year Round	Attainment of set targets as to the number of clients served
Level of adequacy	There are facilities much needed for the post covid era	To sustain the adequacy of facilities To protect the facilities from possible damage	SDO Officials SMME Unit	Possible donations from stakeholders	Year round	Creation of Data Base Monitoring and regular audit of facilities and equipment
Level of support	There are partners identified such that partnerships will be sustained	To sustain convergence with partners and heightened linkages with entities and groups	SDO officials SHNU personnel School Head Teacher	CO and SDO fund Special Education Fund	Year Round	Data base creation for partners Monitoring of regular conference with partners

Validation of the School Health and Nutrition Unit Comprehensive Plan

The Comprehensive Plan went through validation from five experts in the field of. Franco (2005) states that the success of program management lies on the hand of experts with technical know how to manage issues, concerns and bottlenecks. There were five validators who were requested to assess the output as to its functionality and relevance. A licensed nutritionist and dietitian, a PhD in Science graduate school professor and at the same time Director of Research and Extension Department of an HEI, medical officer, and dental officer. It can be viewed from the Table the result of the validation as very high which means that the output highly valid. This is supported

by the grand average of 2.7. This implies that the output is doable, functional and relevant. Moreover, enrichment in the rationale was recommended. This pertains to additional discussion relative to the importance of partnership in program management. All these were incorporated and added more meat and substance to the output.

Table 8

Validation of School Health and Nutrition Unit Comprehensive Plan

Indicators	Weighted Means	Descriptive Equivalent Rating
1. The output/intervention is suitable to the level of the concerned individual	2.7	Very High
2. The output/intervention contributes to the achievement of specific objectives for which it is intended.	2.6	Very High
3. The output/intervention provides development of knowledge, skills and values necessary for the concerned individuals and stakeholders.	2.7	Very High
4. The output/intervention is free of ideological, cultural, religious, racial and gender biases and prejudices	2.7	Very High
5. The output/intervention enhances the development of the stakeholders in the acquisition of knowledge, skills and development of values	2.7	Very High
6. The output/intervention is clear, precise, and logical in its presentation	2.8	Very High
Grand Mean	2.7	Very High

Financial Report

Deliverables	Research Activity	Item of Expenditures	Estimates
Research Proposal	Research Proposal	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink, flash drive) tricycle and jeepney fares, meals, snacks, internet load	10,000.00
	Gathering of literature studies and references	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	15,000.00
	Finalization of the Research Proposal	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	15,000.00
	Seeking Approval for Data Collection	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	3,000.00
	Data Collection	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	10,000.00
	Treatment of Data	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	10,000.00
Final Paper	Creating the two other chapters	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	10,000.00
	Creating of Output	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	10,000.00

		tricycle and jeepney fares, meals, snacks, internet load	
	Submitting the Final Paper	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	10,000.00
	Finalizing the final paper	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	44,000.00
Report on Research Dissemination of Liquidation	Conducting the dissemination plan	Supplies and materials (short and long bon papers, short and long folders, short and long envelopes, stapler, staple wire, paper clips, computer ink,) tricycle and jeepney fares, meals, snacks, internet load	15,000.00

Plans for Dissemination/Advocacy

The researchers provided copies of proposal and to be finalized research to the School Division Office – City of San Fernando La Union, DepEd Regional Office 1, Local Government Unit of the City of San Fernando, and in all schools of Schools Division Office – City of San Fernando La Union. The researcher will present the results of the study to the different stakeholders during meetings such as PTA and SGC. Given the opportunity, the results will also be presented in one of the Management Committee Meeting of the Schools Division Office – City of San Fernando La Union.

THE QUESTIONNAIRE

Direction: Please be guided by the following scale:

- 3 - Prepared/Adequate/Supportive
 2 - Moderately Prepared/Moderately Adequate/Moderately Supportive
 1 - Not Prepared/Not Adequate/Not Supportive

Indicators	3	2	1
Level of Preparedness of SHNU staff			
1. Attendance to regular webinars/seminars			
2. Mental preparedness			
3. Stress Management and Coping			
4. Psychosocial preparedness			
5. Safety and Security measures of schools			
6. Training on First Aid/Basic Life Support			
7. Infection Prevention and Control			
8. Disaster Preparedness			
9. Implementation of SHNU programs, projects, and activities			
10. Monitoring and Evaluation of programs, projects, and activities			
Level of Adequacy Facilities/Equipment/Paraphernalia			
11. Hygiene kits			
12. PPEs			
13. Disinfectants and Cleaning Materials			
14. Disinfection Tools (sprayer)			
15. Storage Facilities			
16. Emergency and Over the Counter Medicines			
17. Oral Vitamins and Health Supplements			
18. Face Shields			
19. Facial Masks			
20. Vehicles for conveyance purposes			
Level of Support			
11. Funding Resources of city LGU			
12. Transportation and Mobility city LGU			
13. Manpower support of city LGU			
14. Barangay Councilors			
15. Barangay Health Workers			
16. Monitoring of City Officials			
17. PTA Officers/Members			
18. SGC Officers/Members			
19. NGOs and Private Organizations			
20. NGAs and other government agencies			

Indicators	3	2	1
11. Adequate supply of potable water			
12. Soap products			
13. Lavatory with roofing			
14. Hand drying facility			

15. Storage facility for water			
16. Toothbrushes/toothpaste and glasses			
17. Towel and drying materials			
18. Alcohol/hand sanitizer			
19. Clean and safe environment			
20. Correct hygiene and sanitation practices			

References

- AIDE MEMOIRE School Based Feeding Program 2021 Update. (2021, January 19). Retrieved from Department of Education: file:///C:/Users/DepEd/Downloads/OUA-AideMemoire_01062_School-Based%20Feeding%20Program%202021%20Update_2021_01_21%20(3).pdf
- Akomolafe, C., & Adesua, V. (2016) The Impact of Physical facilities on Students' Level of Motivation. *Journal of Education and Practice*.
- An Act Instituting UHC for all Filipinos, Prescribing Reforms in the Health Care System and Appropriating Funds Therefor (2018). Retrieved from Official Gazette of the Philippines: [https:// officialgazette.gov.ph/2019/02/20/republic-act-no-11223/](https://officialgazette.gov.ph/2019/02/20/republic-act-no-11223/)
- Bloom, D., & Cadarette, D. (2019). Infectious Disease Threats in the Twenty-First Century: Strengthening the Global Response. PubMed, 10:549.
- Borbasi, S., & Jackson, D. (2012). Qualitative Research: the whole picture. James Cook University Australia, 3-26.
- Caulfield, J. (2019, September 06). Scribbr. Retrieved from Scribbr: <https://www.scribbr.com/methodology/thematic-analysis>
- Center for Disease Control and Prevention (2021, July 22). Retrieved from Centers for Disease Control and Prevention: <https://www.d.gov/mentalhealth/stresscopingwithstress>
- Cirico, C. (2018, January 11). Business Mirror. Retrieved from Business Mirror: <https://businessmirror.com.ph/2018/01/11/deped-ensures-delivery-of-health-care-to-school-children-health-personnel/>
- Delbiso, T., Kotecho, M., & Asfaw, F. (2021). Effects of COVID-19 imposed school closure on school feeding program in Addis Ababa, Ethiopia. *Social Sciences & Humanities Open*.
- Department Order No. 023 s. 2020-*Operational Guidelines on the Implementation of the Schol-Based Feeding Program for SY 2020-2021*. (2020, September 07). Retrieved from Department of Education: https://www.deped.gov.ph/wp-content/uploads/2020/09/DO_s2020_023.pdf
- Department Order No. 028 s. 2018 Policy Guidelines on Oplan sa Kalusugan sa Department of Education. (2018, July 06). Retrieved from Department of

Education:<https://www.deped.gov.ph/2018/07/06/do-28-s-2018-policy-and-guidelines-on-oplan-kalusugan-sa-department-of-education/>

- Dimaculangan, K. (2019). Practices and Experiences of School based. *International Journal of Research in Engineering, Science and Management*.
- Holmes, B., Sheetz, A., Allison, M., Ancona, R., Attisha, E., Beers, N., . . . Young, T. (2016). Role of the School Nurse in Providing School Health Services. *PubMed*, 137 (6).
- Ivankova, N., Creswell, J., & Stick, S. (2006). Using Mixed-Methods Sequential Explanatory Design: From Theory to Practice. *SAGE Journals*, 3-20.
- Lackney, J., & Pias, L. (2015, April). *School Facilities*. Retrieved from Overview, Maintenance & Modernization of: <https://erinda0429.blogspot.com/>
- Lemuel et al. (2021) Covid-19: *School and Community Feeding Programs for Children and Young People* (<https://www.frontiersin.org/research-topics/14948/covid-19-school-and-community-feeding-programs-for-children-and-young-people#authors>)
- Lee, R., West, S., A., Cheng, H., Chong, C., Chien, W., & Chan, S. (2020). A Qualitative exploration of the experiences of school nurses during covid-19 pandemic as the frontline primary healthcare professionals. *PubMed*, 399-408.
- Macairan, K., Oducado, R., Minsalan, m., Fecodo, R., & Abellar, G. (2019). Quality of Work Life of Public School Nurses in the Philippines. *Journal in Nursing*.
- Maughan, E., Bobo, N., Butler, S., & Schantz, S. (2016). Framework for 21st Century School Nursing Practice: National Association of School Nurses. *SAGE Journals*, 45-53.
- Naelga, S., & Doncillo, H. (2016). Nutritional Status: Its relationship to the Academic. *The Turkish Online Journal of Design, Art and Communication*
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods*, 16(1), 1609406917733847.
- Nolledo, J. (1991). *Local Government Code of 1991*. Quezon City. Rex Bookstore
- Rivera, L. (2020, June 17). The Implementation of Water, Sanitation, and Hygiene in Schools: An Evaluation. DLSU Reasearch Congress 2020. Retrieved from DLSU EDU: <https://www.dlsu.edu.ph/wp-content/uploads/pdf/conferences/research-congress-proceedings/2020/FNH-14.pdf>
- Ruiz, J., & Guiking, A. (2013). Strategies For Optimizing Implementation Of The School Health And Nutrition Program In Public Elementary Schools In The Philippines. Semantic Scholar.

SEAMEO INNOTECH. (2021, March 21). Retrieved from SEAMEO INNOTECH:
<https://www.seameo-innotech.org/wp-content/uploads/2021/06/Policy-Notes-SCHNC.pdf>

The Constitution of the Republic of the Philippines (1987). Retrieved
<https://www.officialgazette.gov.ph/constitutions/1987-constitution/>

Vally, H., McMichael, C., Doherty, C., Li, X., Guevarra, G., & Tobias, P. (2019). The Impact of a School-Based Water, Sanitation and Hygiene Intervention on Knowledge, Practices, and Diarrhoea Rates in the Philippines. *Int J Environ Res Public Health*, 16.

World Health Organization. (2018). Retrieved from World Health Organization:
<https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf>

World Health Organization. (2019). Retrieved from World Health Organization:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>