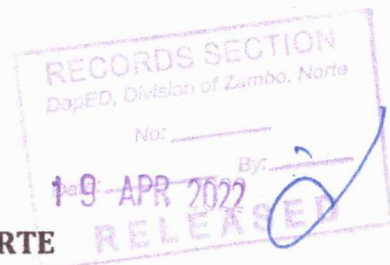




Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



Division Memorandum

No. 140, s. 2022

To: Public Schools District Supervisors
Elementary School Principals/School Heads
SBFP School Focal Persons
All Others Concerned
This Division

From: **VIRGLIO P. BATAN JR., CESO VI**
Schools Division Superintendent

Subject: **NUTRITIONAL ASSESSMENT OF SBFP BENEFICIARIES**

Date: April 12, 2022

1. In reference with OUA Memo 00-0422-0004 dated March 23, 2022, re: Nutritional Assessment of SBFP Beneficiaries, this Office, through the Schools Governance and Operations Division- School Health Section (SGOD – SHS), hereby reiterates that all schools implementing School-Based Feeding Program (SBFP) shall accomplish and submit the following forms to the Schools Division as per D.O. 31, s. 2021, to wit:
 - a. SBFP Form 1 – Master List of Beneficiaries for the School-Based Feeding Program (SBFP);
 - b. SBFP Form 2 - School-Based Feeding Program (SBFP) Summary of Beneficiaries and Start of Feeding; and
 - c. SBFP Form 3 – School SBFP Program Terminal Report.
2. Schools District SBFP Coordinator are expected to validate the schools' report before submitting to the SDO. Please see Annexes for the forms.
3. Immediate dissemination and compliance with this Memorandum is desired.

SGODSHNSevo/SBFPNSofBens/DM0011-2022/04122022





Master List Beneficiaries for School-Based Feeding Program (SBFP) (SY _____)

Division/Province: _____ Name of Principal: _____
 City/ Municipality/Barangay: _____ Name of Feeding Focal Person: _____
 Name of School / School District: _____
 School ID Number: _____

No.	Name	Sex	Grade/ Section	Date of Birth (MM/DD/YYYY)	Date of Weighing / Measuring (MM/DD/YYYY)	Age in Years / Months	Weight (Kg)	Height (cm)	BMI for 6 y.o. and above	Nutritional Status (NS)		Dewormed ? (yes or no)	Parent's consent for milk? (yes or no)	Participation in 4Ps (yes or no)	Beneficiary of SBFP in Previous Years (yes or no)
										BMI-A	HFA				

Prepared by: _____
 Feeding Focal Person _____

Approved by: _____
 School Head _____

Note: This form shall be prepared by the school before the start of feeding to be compiled by the SDO.
 Keep columns 6-12 blank if nutritional assessment is still suspended.



SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING (SY _____)

Division/Province: _____
 City/ Municipality/Barangay : _____
 Name of School / School District : _____
 School ID Number: _____
 Date of Start of Feeding: _____
 Last Mile School: _____ Y _____ N _____

Number of Undernourished School Children by Grade Level	Nutritional Status at Start/End of Feeding							No. of Secondary Targets				No. of 4 Learners Dewormed	No. of 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous years (Repeaters)	Date Feeding Started/Ended	
	SW	W	N	OW+O	SS	S	N	T	No. of Pupils-at-risk-of-dropping-out (PARDOS)	No. of Stunted/ Severely Stunted	No. of Indigent Learners					No. of Indigenous Peoples (IPs)
1. Kinder																
2. Grade I																
3. Grade II																
4. Grade III																
5. Grade IV																
6. Grade V																
7. Grade VI																
Total																



Prepared by: _____ Approved by: _____

SBFP DepEd Focal _____

School Head _____

Note: This form shall be prepared by the school before the start of feeding and after feeding, to be compiled by the SDO, and for final compilation by the RO, for submission to DepEd BLSS-SHD

Annex C

	Quality Form		Document Code:
	OPK sa DepEd - School-Based Feeding Program (SBFP) Program Terminal Report Form (SBFP Form 7A)		Revision:
			Effectivity date: 01-01-2021
			BLSS-School Health Division

Region/Division:	Period Covered:
School Name & ID:	
School Address:	
School Telephone Number:	Mobile Number:
Fax Number:	Email Address:
Total Enrolment:	Total No. of T & NTP:

A. ACCOMPLISHMENTS

1. SBFP Coverage: Primary Beneficiaries for Nutritious Food Products

Grade Level	All Kinder	Severely Wasted	Wasted	TOTAL
Kinder				0
Grade 1				0
Grade 2				0
Grade 3				0
Grade 4				0
Grade 5				0
Grade 6				0
SPED				0
Multigrade				0
TOTAL	0	0	0	0

2. SBFP Coverage: Secondary Beneficiaries for Nutritious Food Products

Grade Level	Stunted (plus Severely Stunted)	Pupils-at-Risk-of-Dropping-Out (PARDOs)	Indigenous Peoples (IPs)	Indigent Learners	TOTAL
Kinder					0
Grade 1					0
Grade 2					0
Grade 3					0
Grade 4					0
Grade 5					0
Grade 6					0
SPED					0
Multigrade					0
TOTAL	0	0	0	0	0

3. SBFP Coverage: Primary Beneficiaries for Milk

Grade Level	All Kinder	Severely Wasted	Wasted	TOTAL
Kinder				0
Grade 1				0
Grade 2				0
Grade 3				0
Grade 4				0
Grade 5				0
Grade 6				0
SPED				0
Multigrade				0
TOTAL	0	0	0	0

4. SBFP Coverage: Secondary Beneficiaries for Milk

Grade Level	Stunted (plus Severely Stunted)	Pupils-at-Risk-of-Dropping-Out (PARDOs)	Indigenous Peoples (IPs)	Indigent Learners	TOTAL
Kinder					0
Grade 1					0
Grade 2					0
Grade 3					0
Grade 4					0
Grade 5					0
Grade 6					0
SPED					0
Multigrade					0
TOTAL	0	0	0	0	0

5. Type of Food Commodities Distributed to Learners (Check applicable items)

a. Nutritious Food Products

Enutribun	
Fortified/Enriched Bread	
Milky Bun (PCC)	
Fruits	
Rootcrops	
Vegetables	
Nutripacks	

b. Milk

Fresh Milk	
Sterilized Milk	
Commercial Milk	
Provided by Partner	

6. SBFP Funds (for those with downloaded funds)

Tranches	Amount Received from SDO	Funds Utilized	Percent Utilization (col 3/2*100%)
Total:			

B. DONATIONS/ RESOURCES GENERATED

(Add Additional Sheets, if needed)

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

C. SIGNIFICANT EVENTS OF SBFP, 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 School-Based Feeding Program of the school?

D. LESSONS LEARNED

G. SUGGESTIONS TO STRENGTHEN SBFP *(Include support needed from Central, Region, and Division Office that can increase the impact of OK sa DepEd Program in the schools)*

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E. ANALYSIS, PROPOSED PLAN OF ACTION, AND RECOMMENDATIONS

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F. PHOTOS (Before, During and After)

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Prepared by:	Noted:
_____	_____
SBFP Coordinator	School Head
Date: _____	