Republic of the Philippines

Region X
DIVISION OF MISAMIS ORIENTAL

deesmisor@norminet.org.ph

SCHOOL BASED FEEDING PROGRAM (SBFP)
SY 2015 – 2016

Rates of Hired Cook and Dishwasher

No. of beneficiaries	Hired Cook	Hired Dishwasher
<50	P1,000	P500
50- 99	P1,500	P750
100 - 200	P2,500	P1,000
>200	P4,000	P1,250

Market Form

Region_____
Division:_____
School_____

Menu:_____

Ingredients (a)	Quantity for 25 Servings (b) (Based from the Recipe Book)	Quantity for 1 Serving (c)	# of Beneficiaries (d)	Quantity for Procurement	Quoted Unit Cost (f)	Quoted Total Cost (g)

Prepared by:

_____

Approved by:

_____

SBFP Form 1

Department of Education
Region ___

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

Division/Province: _____

City/ Municipality/Barangay : _____

Name of School / School District : _____

School ID Number: _____

Name of Principal : _____

Name of Feeding Focal Person : _____

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)	Participation in 4Ps (yes or no)	Name of Parents	Beneficiary of SBFP in Previous Years (yes or no)

Prepared by:

(PRINTED NAME AND SIGNATURE)
Feeding Focal Person

Noted by:

(PRINTED NAME AND SIGNATURE)
SDS/School Head

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DepEd-HNC

SBFP Form 2

Department of Education
Region ___

SCHOOL-BASED FEEDING PROGRAM (SBFP) LIST OF SCHOOLS

Division/Province: _____
School District/City/ Municipality : _____

Name of Schools	BEIS ID No.	School Address	Name of Barangay	Name of District Supervisors/ School Principal or OICs	Contact Number	Total Beneficiaries

Prepared by:

(PRINTED NAME AND SIGNATURE)
SBFP DepED Focal

Noted by:

(PRINTED NAME AND SIGNATURE)
Unit Chief

Note: This form shall be prepared by the DO, for final consolidation by the RO, for submission to DSWD-FO, copy furnished DepEd-HNC

SBFP Form 3

Department of Education
Region ___

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

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

Number of Undernourished School Children by Grade Level	Nutritional Status at Start of Feeding					
	No. of Severely Wasted	No. of Wasted	Total Beneficiaries	No. of 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous years	Remarks
1. Kinder						
2. Grade I						
3. Grade II						
4. Grade III						
5. Grade IV						
6. Grade V						
7. Grade VI						
Total						

Prepared by:

(PRINTED NAME AND SIGNATURE)
SBFP DepEd Focal

Noted by:

(PRINTED NAME AND SIGNATURE)
SDS/School Head

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DepEd-HNC

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM

FOR THE MONTH OF _____, SY _____

Region _____
Division _____
District _____

School: _____
Grade: _____ **Section** _____

NAME OF PUPIL	4Ps Beneficiary (y or n)	Beneficiary of Previous SBFP (y or n)	PRE FEEDING									ACTUAL FEEDING																			
			Age	Birth Date	Sex	Nutritional Status				Deworming																					
						Ht cm	Wt kg	Date Taken	NS	(√) or (X)	Date Taken	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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25																															
											TOTAL:																				

Prepared by:

_____
Feeding Teacher / School Nurse

LEGEND			
A. Nutritional Status		B. Deworming	D. Actual Feeding
For 6-19 y.o	For below 6 y.o		
SW - Severely wasted	SU - Severely underweight	(x) - not dewormed	(√) - Present, served
W - Wasted	U - Underweight	(√) - dewormed	(A) - Absent, not served
N - Normal	N - Normal		(√√) - Present, served twice
Ow - Overwieght	Ow - Overwieght		
O - Obese			

Note: This form shall be prepared by the school to be consolidated using SBFP Form 5

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM

FOR THE MONTH OF _____, SY _____

Region _____
Division _____
District _____

School: _____
Grade: _____ Section _____
School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																																											
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
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TOTAL:																																								

D. Actual Feeding

(√) - Present, served
(A) - Absent, not served
(√√) - Present, served twice

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM

FOR THE MONTH OF _____, SY _____

Region _____
Division _____
District _____

School: _____
Grade: _____ Section _____
School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																																											
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100				
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TOTAL:																																												

D. Actual Feeding
(√) - Present, served
(A) - Absent, not served
(√√) - Present, served twice

SBFP Form 4

SCHOOL-BASED FEEDING PROGRAM

FOR THE MONTH OF _____, SY _____

Region _____
Division _____
District _____

School: _____
Grade: _____ **Section** _____
School ID Number: _____

NAME OF PUPIL	ACTUAL FEEDING																				POST FEEDING				ATTENDANCE		
																					Nutritional Status				Days Present	Feeding Days	Percentage
	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	Ht cm	Wt kg	Date Taken	NS	(A)	(B)	(A/B)*100
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2																											
3																											
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25																											
TOTAL:																									AVERAGE:		

Prepared by:

(PRINTED NAME AND SIGNATURE)
Feeding Focal Person

Noted by:

(PRINTED NAME AND SIGNATURE)
SDS/School Head

D. Actual Feeding
(√) - Present, served
(A) - Absent, not served
(√√) - Present, served twice

SBFP Form 5

SCHOOL-BASED FEEDING PROGRAM (SBFP)
SY _____

PROGRAM TERMINAL REPORT (PTR)

Region: _____
Division: _____
District: _____
School: _____
School Enrolment: _____

A. Program Accomplishment
Status of Implementation:
Completed _____ (indicate number of days completed)
Discontinued _____
For continuation _____

Grade Level	Number of Beneficiaries		No. of Beneficiaries Dewormed		No. of Beneficiaries who are also 4Ps Beneficiaries		No. of Pupils who are Previous Beneficiaries of SBFP	
	Target	Actual						
			No.	%	No.	%	No.	%
Kinder								
Grades 1-6								
TOTAL:								

Financial Status			
Amount Allocated	Amount Received fr DO	Amount Disbursed	Amount Liquidated

B. Nutritional Status

Nutritional Status	Before Feeding	After Feeding				
		SW/SU	W/U	N	Ow	O
Severely Wasted/Underweight (SW/SU)						
Wasted/Underweight (W/U)						
Normal (N)						
Overweight (OW)						
Obese (O)						
Total:						

SBFP Form 5

C. Percentage Attendance

	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Average of Months 1-7
% Attendance of Beneficiaries									

D. Monitoring Findings/Issues Encountered & Actions Taken

E. Procurement Process

F. Good Practices or Lessons Learned

G. Personnel Involved

H. Pictorials

<u>SBFP Form 6</u>

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - <u>PROGRAM ACCOMPLISHMENT</u>

SY ______________

Region: ____________________
Division: ____________________
District: ____________________

Name of School	School ID	No. Beneficiaries								Status of Implementation (completed, discontinue, for continuation or number of feeding days completed)	Financial Status			
		Target	Actual	Dewormed		4Ps Benefiaries		Previous Beneficiaries of SBFP			Amount Allocated	Amount Received	Disbursed	Liquidated
				No.	%	No.	%	No.	%					

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - CONSOLIDATED NUTRITIONAL STATUS

SY ____________

Region: ____________
Division: ____________
District: ____________

Schools	No. Beneficiaries	Before Feeding											After Feeding										
		SW	%	W	%	N	%	OW	%	OB	%	TOTAL	SW	%	W	%	N	%	OW	%	OB	%	TOTAL

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT- <u>% ATTENDANCE</u>

SY ______________

Region: ______________

Division: ______________

District: ______________

Schools	% Attendance								
	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Average of Months 1-7

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - <u>PROCUREMENT PROCESS</u>

SY ____________

Region: ____________________
Division: ____________________
District: ____________________

Schools	Procurement Process		Presence/Use of Documents					
	Bidding (√) or (X)	Small Value Procurement (√) or (X)	Request for Quotation (√) or (X)	PHILGEPS Cert (√) or (X)	Abstract of Quotation (√) or (X)	PO or Contract (√) or (X)	Official Receipt (√) or (X)	RER (√) or (X)

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - PERSONNEL INVOLVED

SY _______________

Region: ____________________
Division: ____________________
District: ____________________

Schools	Name of School Personnel Involved	Name of Parents Involved	Name of Barangay Officials Involved	Other Persons, Organizations Involved

SCHOOL-BASED FEEDING PROGRAM (SBFP) GANTT CHART OF ACTIVITIES FOR CY 2015 TO 1ST QUARTER OF 2016 (BY LEVEL)

ACTIVITIES	OFFICE RESPONSIBLE	June				July				August				September				October				November				December				January				February				March		
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3
SCHOOLS																																								
1 Weighing & Identification of beneficiaries	Feeding Coordinator & health personnel																																							
2 Creation of SBFP Core Group & BAC	SH																																							
3 Submission of the following to the DO:																																								
• Final list of schools & of names of beneficiaries	SH & Core Group																																							
• Cycle Menu	SH & Core Group																																							
• Work & Financial Plan	SH & Core Group																																							
• Project Procurement & Managment Plan	SH & Core Group																																							
4 Conduct of Community Assembly	SH & Core Group																																							
5 Health & Nutritional Assessment & Deworming	Feeding Coordinator & health personnel																																							
6 Preparation of RFQ & conduct of procurement process	Core Group & BAC																																							
7 Actual Feeding	Core Group																																							
8 Monitoring of weight	Core Group																																							
9 Submission of Physical & Financial Reports	SH & Core Group																																							
• from Schools to DO																																								
10 Submission of Liquidation Report to DO	SH & Core Group																																							
• First Partial Liquidation																																								
• Full Liquidation																																								
11 Preparation of Terminal Report	SH & Core Group																																							
12 Submission of Terminal Report to the DO thru the District Office	SH & Core Group																																							

Feeding Days:	
September	12
October (less 1 week for Sem Break)	17
November	19
December	14
January	20
February	19
March	19
	120