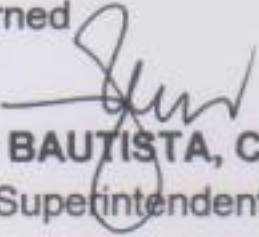




**CITY SCHOOLS DIVISION OFFICE OF ANTIPOLO**

**MEMORANDUM**

**TO :** Assistant Schools Division Superintendent  
Chiefs – SGOD & CID  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
Nutrition / School-Based Feeding Program Coordinators  
MAPEH / TLE Chairman  
All Others Concerned

**FROM :**   
**DR. ROMMEL C. BAUTISTA, CESO V**  
Schools Division Superintendent

**SUBJECT:** **NUTRITIONAL ASSESSMENT (ENDLINE) FOR SCHOOL-BASED FEEDING PROGRAM (SBFP) BENEFICIARIES FOR F.Y 2018 ONLY**

**DATE :** November 27, 2018

Pursuant to DepEd Order No. 43, s.2011, Strengthening the School Health and Nutrition Programs for the Achievement of the Education for All (EFA) and Millenium Development Goals (MDGs), one of the Health and Nutrition Programs that address EFA Goals (Expanding early childhood care and education; Improving the quality of education; and Providing learning and life skills to young people and adults) and MDG Goals (Eradicate extreme poverty and hunger; Reduce child mortality rate; Combat HIV/AIDS, malaria and other diseases; and Ensure environmental sustainability) is to conduct a Nutritional Assessment (Baseline, Midline, Endline).

In connection to this, please be reminded of the **ENDLINE NUTRITIONAL ASSESSMENT** schedule to all **School-Based Feeding Program beneficiaries for Fiscal Year 2018 only.**

DATE	GRADE LEVEL	ACTIVITY
December 10, 2018	Kinder to Grade 3	Midline Nutritional Assessment
December 11, 2018	Grade 4 to Grade 6	
December 28, 2018 (deadline)		Submission of school consolidated report (please use attached forms) <b>SBFP FORM 3 – ENDLINE</b> <b>SBFP FORM 4A-1</b> <b>SBFP FORM 5 – Program Terminal Report</b> <b>Soft copy</b> and send to email of the Division nurses assigned to your school: <a href="mailto:phanny.ramos001@depd.gov.ph">phanny.ramos001@depd.gov.ph</a> <a href="mailto:elaine.calacday@deped.gov.ph">elaine.calacday@deped.gov.ph</a> <a href="mailto:arline.dulin@deped.gov.ph">arline.dulin@deped.gov.ph</a> <a href="mailto:jed.david@deped.gov.ph">jed.david@deped.gov.ph</a> <a href="mailto:wano0wanonli@gmail.com">wano0wanonli@gmail.com</a>
January 4, 2019 (deadline)		Submission of <b>Signed Hard copy</b>

Schools are advised to coordinate with the Barangay Health Workers and other possible partners / stakeholders for seamless implementation.

For clarifications, please contact **Mrs. PHANNY RAMOS** at 0917-8244298 (globe) / 0929-8947810 (smart).

For your reference and guidance.

**SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES - ENDLINE**

Division: \_\_\_\_\_  
 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 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous years	No. of beneficiaries who were dewormed last July	Remarks
	No. of Severely Wasted	No. of Wasted	Total Beneficiaries				
1. Kinder							
2. Grade I							
3. Grade II							
4. Grade III							
5. Grade IV							
6. Grade V							
7. Grade VI							
<b>Total</b>							

Prepared by: \_\_\_\_\_  
 Feeding Focal Person

Checked by: \_\_\_\_\_  
 Chairman

Validated by: \_\_\_\_\_  
 School Head

Noted by: \_\_\_\_\_  
 PSDS

District Nurse ✓

**PHANNY S. RAMOS, R.N.**  
 NIC / SBFP Coordinator

SCHOOL-BASED FEEDING PROGRAM  
SUMMARY OF DAILY FEEDING

S.Y. 2018-2019

Region \_\_\_\_\_  
Division \_\_\_\_\_  
District \_\_\_\_\_

School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Section \_\_\_\_\_  
School ID Number: \_\_\_\_\_

NAME OF PUPIL	4Ps Beneficiary (y or n)	Beneficiary of Previous SBFP (y or n)	PRE FEEDING								POST FEEDING				ATTENDANCE			
			Age	Birth Date	Sex	Nutritional Status				Deworming		Nutritional Status				Days Present ↑ (A)	Feeding Days (B)	Percentage (A/B)*100
						Ht cm	Wt kg	Date Taken	NS	(√) or (X)	Date Taken	Ht cm	Wt kg	Date Taken	NS			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
<b>TOTAL:</b>															<b>AVERAGE:</b>			

Prepared by: \_\_\_\_\_  
Feeding Teacher / School Nurse

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

**SCHOOL-BASED FEEDING PROGRAM (SBFP)**  
**SY \_\_\_\_\_**  
**PROGRAM TERMINAL REPORT (PTR)**

Region: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 District: \_\_\_\_\_  
 School: \_\_\_\_\_  
 School ID: \_\_\_\_\_  
 School Enrollment : \_\_\_\_\_

**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		Remarks #of beneficiaries (drop-out, transferred, etc)
	Target	Actual	No.	%	No.	%	No.	%	
Kindergarten									
Grade 1									
Grade 2									
Grade 3									
Grades 4									
Grade 5									
Grade 6									
<b>TOTAL:</b>									

Financial Status			
Amount Allocated	Amount Received from SDO	Amount Disbursed	Amount Liquidated

**B. Nutritional Status**

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

**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. Issues Encountered and Actions Taken**

Issues Encountered	Actions Taken	Status
1.		
2.		

Recommendations:

**E. Procurement Process**

**F. Gulayan sa Paaralan Program:**

A. Sustained / Year round garden? Yes/No

\_\_\_\_\_

B. Total No. of vegetables used for feeding |(in kilos)

\_\_\_\_\_

**G. Good Practices or Lessons Learned**

**H. Personnel Involved**

**I. Pictorials with label:**

Prepared by:

Checked by:

Validated by:

\_\_\_\_\_  
SBFP Focal Person

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
School Head

Noted by:

\_\_\_\_\_  
PSDS

\_\_\_\_\_  
District Nurse

\_\_\_\_\_  
**PHANNY S. RAMOS, R.N.**  
NIC / SBFP D.O. Coordinator