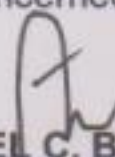




CITY SCHOOLS DIVISION OFFICE OF ANTIPOLO

MEMORANDUM

TO : OIC-Office of the Asst. Schools Division Superintendent
Chiefs, CID and SGOD
Public Schools District Supervisors
Secondary School Heads/Principals
All Other Concerned

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

SUBJECT : **NUTRITIONAL ASSESSMENT/STATUS (ENDLINE) REPORT FOR SECONDARY FEEDING PROGRAM BENEFICIARIES ONLY FOR S.Y 2018-2019**

DATE : March 11, 2019

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 / STATUS** report of **Secondary Feeding Beneficiaries** only for the SY2018-2019.

DATE	ACTIVITY
March 25, 2019 (deadline)	Submission of scanned soft copy school consolidated report. Please use attached forms and send to email depedantipolo.medical@depd.gov.ph SBFP FORM 3 – ENDLINE SBFP FORM 4A-1 SBFP FORM 5 – Program Terminal Report

For your reference and guidance.

UM No. 139, 2019
@ [Unit/Section Code]



"EDUKASYONG TAPAT AT SAPAT PARA SA LAHAT"

New Bldg - Sports Educational Hub, Sen. L. Sumulong Memorial Circle, Brgy. San Isidro, Antipolo City
Old Bldg. - C. Lawis Extension, Barangay San Isidro, Antipolo City
www.danarantipolo.com antipolo.city@danarantipolo.com

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			0				
2. Grade I			0				
3. Grade II			0				
4. Grade III			0				
5. Grade IV			0				
6. Grade V			0				
7. Grade VI			0				
Total	0	0	0				

Prepared by: _____
 Feeding Focal Person

Checked by: _____
 Chairman

Validated by: _____
 School Head

Noted by: _____
 PSDS

**NOTE: WRITE OR FILL only on the COLOR WHITE PORTION
 AVOID EDITING THE COLORED (LIGHT BLUE) IT WILL DELETE THE FORMULA.**

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															25	120	20.83333333	
2																	#DIV/0!	
3																	#DIV/0!	
4																	#DIV/0!	
5																	#DIV/0!	
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49																		#D\I\O\I									
50																		#D\I\O\I									
														TOTAL:												AVERAGE:	

Prepared by:

Feeding Teacher / School Nurse

LEGEND					
A. Nutritional Status		B. Deworming		C. Actual Feeding	
For 6-18 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 - Overweight	Ow - Overweight				
O - Obese					

NOTE: WRITE OR FILL only on the COLOR WHITE PORTION
AVOID EDITING THE COLORED (LIGHT BLUE) IT WILL DELETE THE FORMULA.

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 (July)		No. of Beneficiaries who are also 4Ps Beneficiaries		No. of Pupils who are Previous Beneficiaries of SBFP		Remarks #of beneficiaries (Drop-Out, Transferred-Out, etc)
	Target (BASELINE)	Actual (ENDLINE)	No.	%	No.	%	No.	%	
KINDER				#DIV/0!		#DIV/0!		#DIV/0!	Ex. DO -10
Grade 1				#DIV/0!		#DIV/0!		#DIV/0!	
Grade 2				#DIV/0!		#DIV/0!		#DIV/0!	
Grade 3				#DIV/0!		#DIV/0!		#DIV/0!	
Grades 4				#DIV/0!		#DIV/0!		#DIV/0!	
Grade 5				#DIV/0!		#DIV/0!		#DIV/0!	
Grade 6				#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL:	0	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	

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

B. Nutritional Status

B. Nutritional Status

Nutritional Status	Before Feeding/ BASELINE	AFTER FEEDING / ENDLINE				Total = to BASELINE
		SW/SU	W/U	N	OW	E
Severely Wasted/Underweight (SW/SU)						0
Wasted/Underweight (W/U)						0
Normal (N)						0
Overweight (OW)						0
Obese (O)						0
Total:	0	0	0	0	0	0

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		
3		
4		
5		

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:

SBFP Focal Person

Checked by:

Chairman

Validated by:

School Head

Noted by:

PSDS