



Republic of the Philippines
Department of Education
REGION IX

SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



January 23, 2023

Division Memorandum

No. 24, s. 2023

To : **PSDS AND PICDs
ELEMENTARY SCHOOL HEADS
SCHOOL HEALTH PERSONNEL
ALL OTHERS CONCERNED**

ACCOMPLISHMENT AND SUBMISSION OF UPDATED SBFP FORMS

1. Relative to DepEd Order No. 031, s. 2021 "Operational Guidelines on the Implementation of the School-Based Feeding Program" and DepEd Order No. 10, s. 2022 "Supplemental Guidelines on DepEd Order No. 31, s. 2021", this Office through School Health and Nutrition Section informs the field on the preparation and submission of the following forms for SY 2021-2022. Included in the report for the commodities are E-Nutribun, Fruit, Cereal and the additional order from unutilized savings, Nutripack and E-Nutribun. Please see annexes for the forms.
 - a. SBFP Form 1 Master list of Beneficiaries;
 - b. SBFP Form 2 Summary of Beneficiaries and Start of Feeding;
 - c. SBFP Form 4 List of Authorized District Consignees;
 - d. SBFP Form 6 NFP/Milk Deliveries; and
 - e. SBFP Form 7a Program Terminal Report
2. The SBFP primary beneficiaries shall be all wasted (W) and severely wasted (SW) Kindergarten to Grade 6 and all Kindergarten.
3. Relevant to this, all SBFP recipient School Heads are directed to accomplish the SBFP forms and submit to the District/School Nurses for consolidation. District Nurses must bring the hard copy to the School Health Section on or before March 3, 2023.
4. For any concerns, kindly contact Horlita D. Balais, Nurse II, School Health and Nutrition Section at landline (065)917-6137 loc. 1102.
5. Widest dissemination of this memorandum is desired.

VIRGILIO P. BATAN JR., CESO VI
Schools Division Superintendent

SGODSHNcv0/UpdatedSBFPForms/DM-004-2023/01232023



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SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING (SY 2021-2022)

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 BSS-SHD



DEPARTMENT OF EDUCATION
Region IX



REGION/DIVISION/DISTRICT: _____
 NAME OF SCHOOL: _____
 SCHOOL ID NO.: _____

SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT

LIST OF AUTHORIZED CONSIGNEES (SY 2021-2022)

NAME & DESIGNATION	TEL. NO.	MOBILE NO.	EMAIL ADD	SPECIMEN SIGNATURE
1 (School Head)				
2 (School Feeding Coordinator)				
3 (School Property Custodian)				

SCHOOL INSPECTION TEAM (SY 2021-2022)

NAME & DESIGNATION	TEL. NO.	MOBILE NO.	EMAIL ADD	SPECIMEN SIGNATURE
1				
2				
3				

Note: Only authorized consignees are allowed to receive the goods.



DEPARTMENT OF EDUCATION
Region IX



REGION/DIVISION/DISTRICT: _____
 NAME OF SCHOOL: _____
 SCHOOL ID NO.: _____

SCHOOL-BASED FEEDING PROGRAM

NFP DELIVERIES (SY 2021-2022)

Grade Level	Number of Beneficiaries	Date Delivered	No. of Packs Received			No. of Packs for Replacement/ Rejected	Remarks
			New	Replacement	Total (New + Replacement)		
Kinder							
Grade 1							
Grade 2							
Grade 3							
Grade 4							
Grade 5							
Grade 6							
TOTAL:							

MILK DELIVERIES (SY 2021-2022)



Grade Level	Number of Beneficiaries	Date Delivered	No. of Packs Received			No. of Packs for Replacement/ Rejected	Remarks
			New	Replacement	Total (New + Replacement)		
Kinder							
Grade 1							
Grade 2							
Grade 3							
Grade 4							
Grade 5							
Grade 6							
TOTAL:							

Prepared by: _____

APPROVED BY: _____

School Feeding Coordinator _____

School Head _____

	Quality Form		Document Code:
	K 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)***E. ANALYSIS, PROPOSED PLAN OF ACTION, AND RECOMMENDATIONS****F. PHOTOS (Before, During and After)**

Prepared by:

Noted:

SBFP Coordinator

Date: _____

School Head