**SBFP Form 9 (2021)**

School-Based Feeding Program

**QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION**

(Central Office)

SY \_\_\_\_\_\_\_\_\_\_

**Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INTERVIEW/FOCUS GROUP DISCUSSION WITH SBFP FOCAL PERSONS**
2. What are the preparatory activities done by the Regional Office with regards to the implementation of SBFP for SY \_\_\_\_\_\_\_\_\_?

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1. Of the activities mentioned, in what part were you involved and to what extent? If you were not involved, in what part do you think you should have been involved?

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1. Was there a Technical Working Group formed in the RO? Who created it? Who are the persons involved? What is the role of each member of the TWG? Was the expected role accomplished by the TWG members? If not, cite the reasons and instances.

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1. Is/Are there SBFP Focal Person/s designated by the Regional Director? Who is/are the Focal Persons? What are the roles of the SBFP Focal Person/s?

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1. As SBFP Focal Person, do you have the support of the Regional Office?

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1. When was the Funds for capability-building released to DepED RO?

* Date Received \_\_\_\_\_\_\_\_\_\_\_\_
* Amount Received \_\_\_\_\_\_\_\_\_\_\_\_

1. Were you involved in the divison-level orientation for school implementers?

* Date of orientation conducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No. of schools oriented? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of schols with no orientation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you monitored the implementation of SBFP in SDOs & schools?

If yes, what are the major findings?

If no, cite the reasons for not monitoring

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1. What are the strengths and weaknesses of the program?

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1. What are the opportunities and threats?

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1. What are the best practices of the region in SBFP implementation?

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1. What are the issues and concerns you have encountered? How did the RO resolve it?

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1. Do you think you will have a successful implementation of SBFP this year? Why?

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1. What are your suggestions for program improvement?

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1. **DOCUMENTARY ANALYSIS – Regional Level**

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| **DOCUMENT** | **AVAILABILITY**  (√ if Available, X if not available) | **REMARKS** |
| 1. Regional Action Plan |  |  |
| 1. Regional Allocation per Division (Hot meals and milk) |  |  |
| 1. Submission of SBFP Form 2 |  |  |
| 1. Submission of SBFP Form 3 |  |  |
| 1. Submission of SBFP Form 6 |  |  |
| 1. Submission of SBFP Form 7 |  |  |
| 1. Submission of SBFP Terminal Report for previous year |  |  |

Identify the Divisions that have poor compliance in the submission of required reports.

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Total No. Of Beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SDOs** | **Number of Beneficiaries** | | | | | | **Budget Allocation** |
| **SW** | **W** | **Total** | **SS** | **S** | **Total** |
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How many SWs were not covered by the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many Ws were not covered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ANALYSIS & RECOMMENDATIONS OF THE MONITORS:**

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**SBFP Form 10 (2021)**

School-Based Feeding Program

**QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION**

(Regional Level)

SY \_\_\_\_\_\_\_\_\_\_\_

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INTERVIEW/FOCUS GROUP DISCUSSION WITH SBFP FOCAL PERSONS**

1. What are the preparatory activities done by the Division Office with regards to the implementation of SBFP for SY \_\_\_\_\_\_\_\_\_?

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2. Of the activities mentioned, in what part were you involved and to what extent? If you were not involved, in what part do you think you should have been involved?

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3. Was there a Technical Working Group formed in the SDO? Who created it? Who are the persons involved? What is the role of each member of the TWG? Was the expected role accomplished by the TWG members? If not, cite the reasons and instances.

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4. Is/Are there SBFP Focal Person/s designated by the SDS? Who is/are the Focal Persons? What are the roles of the SBFP Focal Person/s?

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5. As SBFP Focal Person, do you have the support of the SDO?

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6. Is there proper coordination & communication with RO and SDO? Were there issues encountered with the coordination with RO? Was it resolved? How?

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7. When was the Funds for SBFP from CO released to SDO?

* Date Received \_\_\_\_\_\_\_\_\_\_\_\_
* Amount Received \_\_\_\_\_\_\_\_\_\_\_\_

8. Did you conduct orientation for school implementers?

* Date of orientation conducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No. of schools oriented? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of schols with no orientation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have you monitored the implementation of SBFP in SDOs & schools?

If yes, what are the major findings?

If no, cite the reasons for not monitoring

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. What are the strengths and weaknesses of the program?

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11. What are the opportunities and threats?

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12. What are the best practices of the region in SBFP implementation?

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13. What are the issues and concerns you have encountered? How did the SDO resolve it?

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15. Do you think you will have a successful implementation of SBFP this year? Why?

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16. What are your suggestions for program improvement?

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1. Have you created Municipal /City level local alliance?

* No. of preparatory meeting conducted \_\_\_\_\_\_\_\_\_\_\_\_
* Actual meeting con ducted with partners \_\_\_\_\_\_\_\_\_\_\_\_

1. Who are the active partners / stakeholders in the division?
2. How much funds were released from SDO to Schools?

* Total Amount released to Schools \_\_\_\_\_\_\_\_\_\_\_
* Number of tranches \_\_\_\_\_\_\_\_\_\_\_

1. Was there orientation conducted to schools? Who are the participants? Who funded the activity?

* With orientation \_\_\_\_\_\_\_\_\_\_\_
* No orientation \_\_\_\_\_\_\_\_\_\_\_

1. How many active partners / stakeholders in schools?

* NGO \_\_\_\_\_\_\_\_\_
* GO \_\_\_\_\_\_\_\_\_
* LGU \_\_\_\_\_\_\_\_\_
* Foundation \_\_\_\_\_\_\_\_\_\_\_\_
* Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have complete program management data?

* Date started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No. of feeding days as of visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected no. of days of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Procurement method followed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nutrition Education in schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weighing scale used in schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent involvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any complementary activities conducted?

* No. of beneficiaries dewormed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* With functional School garden \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Personal hygiene & good grooming
* Waste congregation and composting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Adherence to food safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **No. Of Beneficiaries** | | | | | | **Budget Allocation** |
| **SW** | **W** | **Total** | **SS** | **S** | **Total** |  |
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How many SWs were not covered by the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many Ws were not covered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutritional Status SY \_\_\_\_\_\_\_\_\_\_\_**

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| **Total Enrolment:** |  |  |  |  |  |
|  | **Number** | **%** |  | **Number** | **%** |
| SW |  |  | SS |  |  |
| W |  |  | S |  |  |
| N |  |  | N |  |  |
| OW |  |  | T |  |  |
| O |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |

1. **DOCUMENTARY ANALYSIS – Division Level**

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| **DOCUMENT** | **AVAILABILITY**  (√ if Available, X if not available) | **REMARKS** |
| 1. Division Action Plan |  |  |
| 1. Division Work & Financial Plan |  |  |
| 1. School Work & Financial Plan |  | (specify if all recipient schools have submitted) |
| 1. Cycle Menu from schools |  | (specify if all recipient schools have submitted) |
| 1. Project Procurement Management Plan |  | (specify if all recipient schools have submitted) |
| 1. Transfer of funds from RO to SDO |  | (specify the date) |
| 1. Regional Allocation per School |  |  |
| 1. Transfer of funds from SDO to schools |  | (specify the date) |
| 1. Liquidation Reports from Schools |  |  |
| 1. List of beneficiaries |  |  |
| 1. Submission of SBFP Form 1 |  |  |
| 1. Submission of SBFP Form 2 |  |  |
| 1. Submission of SBFP Form 3 |  |  |
| 1. Submission of SBFP Form 5 |  |  |
| 1. Submission of SBFP Form 6 |  |  |
| 1. Submission of SBFP Form 7 |  |  |
| 1. Submission of SBFP Terminal Report for previous year |  |  |

Identify the schools that have poor compliance in the submission of required reports (if any).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SBFP Form 11 (2021)**

School-Based Feeding Program

**QUESTIONNAIRE FOR THE PROGRESS MONITORING AND EVALUATION**

(Division Level)

SY \_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Preparation of Data for the Program

* List of beneficiaries
* Nutritional Assessment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number** |  | **Number** |
| SW |  | SS |  |
| W |  | S |  |
| N |  | N |  |
| OW |  | T |  |
| O |  | **Total** |  |
| **Total** |  |  |  |

* School Work and Financial Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cycle Menu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Project Procurement Management Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Release of funds from SDO to School

* Amount released in School
* 1st tranche \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
* 2nd tranche \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
* Date Received \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
* No funds Allocated \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

1. Orientation of SBFP

* with orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* no orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Partnership with various stakeholders in the School

* NGO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* GO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LGU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Foundation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Program Management

* Date Started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expected no. of days of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Procurement method followed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nutrition Education during feeding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Weighing scale used in school \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Compliance to cycle menu \_\_\_\_\_\_\_\_\_\_\_\_\_
* Attendance of the beneficiaries \_\_\_\_\_\_\_\_\_\_\_\_\_
* Parents Involvement \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Development of Health and Nutrition Values

* Proper handwashing \_\_\_\_\_\_\_\_\_\_\_\_\_
* Prayer before and after meal \_\_\_\_\_\_\_\_\_\_\_\_\_
* Good grooming and personal hygiene \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Complementary Activities

* No. of beneficiaries dewormed \_\_\_\_\_\_\_\_\_\_\_\_\_
* With functional School Garden \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Waste segregation and composting \_\_\_\_\_\_\_\_\_\_\_\_\_
* Adherence to food safety \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Submission of SBFP forms

* with report \_\_\_\_\_\_\_\_\_\_\_\_\_
* without report \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Submission of Liquidation Report

* with liquidation \_\_\_\_\_\_\_\_\_\_\_\_\_
* without liquidation \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Issues and concerns

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submitted by :

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