

SUBJECT:

Revised Procedures on the Implementation of the Supplementary Feeding Program Based on Amended Administrative Order No. 04, series of 2016

I. Rationale

Republic Act No. 11037 otherwise known as the “Masustansyang Pagkain para sa Batang Pilipino Act” of 2018 mandates the Department of Social Welfare and Development (DSWD) and the Department of Education (DepEd) to implement the Supplementary Feeding Program (SFP) and the School-Based Feeding Program respectively to address undernutrition among Filipino children.

The implementing procedures of Administrative Order No. 04, series of 2016 otherwise known as Amended Omnibus Guidelines in the Implementation of the SFP which was signed on February 23, 2016 is hereby amended to address the issues and gaps identified in the program implementation such as the issues on the procurement process and to comply with the directives of President Rodrigo Roa Duterte on the implementation of DSWD programs including the SFP.

II. Objectives

1. To address the current issues and gaps in the implementation of the SFP;
2. To contribute to a more efficient implementation of the SFP; and,
3. To provide specific options for the procurement of goods for the program.

III. Legal Bases

1. **Section 3, item 2, Article XV of the 1987 Philippine Constitution**– The government must ensure the right of children to assistance including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;
2. **Republic Act No. 11037, Masustansyang Pagkain para sa Batang Pilipino Act of 2018**- Mandates the DSWD, in coordination with the Local Government Units (LGUs) to implement a supplemental feeding program for undernourished children ages three (3) to five (5) years;
3. **RA No. 10410. Early Years Act (EYA) of 2013** –It is hereby declared the policy of the State to promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and as well as the need to provide developmentally appropriate experiences to address their needs; and to support parents in their roles as primary caregivers and as their children’s first teachers;
4. **ECCD Act (RA 8980)** – It is hereby declared the policy of the State to promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and its special needs;

5. **Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610)** – It shall be the policy of the State to protect and rehabilitate children gravely threatened or endangered by circumstances which affect or will affect their survival and normal development and over which they have no control;
6. **Local Government Code of the Philippines (RA 7160)** – Chapter II Section 17 (b) (2) (iv) provides the role of the Municipality: Social welfare services which include programs and projects on child and youth welfare, family and community welfare, women's welfare, welfare of the elderly and disabled persons; community-based rehabilitation programs for vagrants, beggars, street children, scavengers, juvenile delinquents, and victims of drug abuse; livelihood and other pro-poor projects; nutrition services; and family planning services;
7. **Nutrition Act of the Philippines (PD 491)** – The Government of the Philippines hereby declares that nutrition is now a priority of the government to be implemented by all branches of the government in an integrated fashion;
8. **Section 53.12 of the Revised Implementing Rules and Regulations (IRR) of Republic Act 9184** or the Government Procurement Reform Act -- provides for negotiated procurement which involves Community Participation;
9. **Philippine Plan of Action for Nutrition 2017-2022-** is an integral part of the Philippine Development Plan 2017-2022. It is consistent with the Duterte Administration 10-point Economic Agenda, the Health for All Agenda of the Department of Health (DOH), the development pillars of malasakit (protective concern), pagbabago (change or transformation), and kaunlaran (development), and the vision of Ambisyon 2040. It factors in and considers country commitments to the global community as embodied in the 2030 Sustainable Development Goals, the 2025 Global Targets for Maternal, Infant and Young Child Nutrition, the 2014 International Conference on Nutrition;
10. **Resolution No. 09-2014** – Provides for the Community Participation Procurement Manual (CPPM) issued by the Government Procurement Policy Board;
11. **Resolution No. 28-2016** – Provides for the Supplemental Guidelines for Community-Managed Procurement;
12. **Millennium Development Goal 1** – Eradicate extreme poverty and hunger; and
13. **Sustainable Development Goal No. 2** – these are the goals set by 193 member countries of the United Nations including Philippine Government to be achieved within 15 years (2016 – 2030);
 - **SDG number 2 targets zero hunger (food security) which means to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.**
 - **SDG number 3 targets good health and well-being (ensuring healthy lives and promoting the well-being for all at all ages which is essential to sustainable development).**

IV. General Policies

1. The Field Office (FO) will act as the Procuring Entity on the items based on set categories, such as but not limited to, welfare goods (viand and rice), cooking and eating utensils, location of delivery, volume of request and availability in the market;
2. The Field Office may tap organized groups such as the Sustainable Livelihood Program Association (SLPA) and Agrarian Reform Beneficiaries Organizations (ARBOs) as partner/ service providers.

V. Implementation

a. Social Preparation

The Local Government Units (LGUs) through the Child Development Workers (CDWs), Supervised Neighborhood Play (SNP) workers and LGU designated staff for the Supplementary Feeding Program shall submit to their respective Field Offices the masterlist of child beneficiaries per Child Development Centers (CDCs) and SNPs within the first quarter of the year.

Nutrition assessment and deworming should be coordinated with the Rural Health Unit (RHU) at least two (2) weeks before the start of the feeding session.

The Field Office will identify a procurement mechanism that will be more effective and efficient to implement the program given their local situations in the regions.

CDWs, Local Social Welfare and Development Officers (LSWDO) and an LGU designated staff for the SFP shall prepare and organize the parents and guardians of the children beneficiaries.

The FO shall hire additional SFP staff per province to ensure the effective implementation and monitoring of the program.

b. Implementing Procedures/Schemes

1. Partnership with Sustainable Livelihood Program Association (SLPA) and/or Agrarian Reform Beneficiaries Organizations (ARBOs)

- The FO will conduct a community-managed procurement to avail of the service of the SLPA or ARBOs
- The SLPA and ARBOs will be the service providers of raw goods/food requirement of the SFP including the delivery to the CDCs.

This will follow the Community Participation Procurement Manual (CPPM) for Program Against Hunger and Poverty (PAHP) of DSWD, DAR and Department of Agriculture (DA).¹

¹ <https://www.gppb.gov.ph/downloadables/forms/CPPM.pdf>.

2. **Partnership with Registered, Licensed and Accredited Child Development/Supervised Neighborhood Play Workers Federation (CD/SNPWF), (see Annex "A")**

- The implementation will be conducted through a partnership between DSWD-FO and CD/SNPWF to which the funds will be transferred.
- Memorandum of Agreement will be signed between the FO, CD/SNPWF and C/MSWDO stating the roles and responsibilities of each party to implement the SFP.

The CD/SNPWF:

- shall have a sole account for the SFP.
- will abide by the suggested menu cycle.
- shall liquidate the fund allocation by December of the current year.

3. **Procurement at the Regional/SWAD Level-** The FO may opt to procure in accordance with Republic Act No. 9184 or partnering with supermarkets and local merchandise stores with maintaining credit line for the feeding program purchases.

The suggested cycle menu as recommended by Food and Nutrition Research Institute Nutritional Guidelines for Filipinos and/or the menu prepared by the Nutritionist-Dietitian shall be equivalent to 1/3 of the Recommended Energy Intake per day based on Philippine Dietary Reference Intake Tool (PDRIT) should be the guide in the preparation of hot meals. The parents' group and/or the City/Municipal Nutrition Action Officer (C/MNAO) may enhance the cycle menu depending on available nutritionally adequate food items in the community.

Alternative meals may be served to children, once or twice a week maintaining the 450-500 kilocalories or 1/3 of the child's Recommended Energy Intake per day based on PDRIT and observing the same care in the preparation of hot meals.

If there are overweight children enrolled, each child should be engaged in more physical activities and should avoid frequent intake of products high in sugar and caloric value.

VI. Nutrition Education

The parents shall be encouraged to attend the nutrition education session and ensure application of learnings in their home through:

- a. Nutrition Education - The Manual on Effective Parenting module 7 – "Health and Nutrition" shall be used during the session for parents/caregivers with underweight and severely underweight children. This may be complemented by materials on nutrition education from Food and Nutrition Research institute (FNRI) – Department of Science and Technology (DOST).

The methodologies should be suggestive and should involve the maximum participation of the parents.

- b. Food production through backyard gardening should be implemented both in CDC and in their home. If the space is limited, bio-intensive gardening² shall be implemented.

² <http://www.roebuckfarm.com/biointensive-gardening.html>

VII. Nutritional Status Impact

To gauge the nutritional status of the children beneficiaries after 120 days of feeding period, the nutritional status shall be recorded upon entry and monthly thereafter for six (6) months to achieve the following:

1. Improved weight of the children after 120 days of feeding who were identified underweight and severely underweight upon entry;
2. Maintained normal nutritional status of the children after 120 days of feeding;
3. Improved nutritional status of the children after 120 days who were overweight upon entry; and
4. If the current child beneficiary discontinue his/her attendance, replacement is allowed if the new beneficiary can still avail at least 90 days feeding to ensure that there will still be a significant improvement in their nutritional status.

VIII. Fund Allocation

1. The amount of P15.00 per child per day for 120 days is allocated for hotmeal composed of rice and viand or milk and alternative meals. This is subject to periodic review and adjustment upon approval of the Secretary to conform with current market prices of goods/commodities to ensure the provision of quality and nutritious food that will contribute to the improvement of the nutritional status of the children beneficiaries.
2. The amount of P 150.00 per child should be allocated for the eating utensils while a minimum of P2,500.00 per CDC/SNP group should be allocated for the cooking utensils subject to any price increase based on the prevailing price and depending on the availability of funds.

For durability and hygienic purposes, the eating and cooking utensils to be purchased should be of good quality and safe for children.

- a. The eating utensils could also include drinking tumbler with handle.
- b. The cooking utensils could also include chopping board.

This is subject to periodic review to conform to the current market prices of goods/commodities to ensure the provision of quality materials for the CDC/SNP group.

3. The CDC/SNP workers, as one of the LGU program implementers, are allowed to claim actual cost of travelling expenses (TE) related to the SFP implementation, subject to availability of funds and assessment of the FO.

The release of funds shall be on a reimbursement basis upon submission of the applicable documentary requirements as indicated in the applicable COA rules and regulations.

A monitoring report and a certification from the LGU showing that the CDC/SNP workers did not reimburse TE from their respective local offices shall be submitted as a requirement in the reimbursement.

The FO shall charge the actual monitoring cost to the administrative fund of the

program.

IX. Institutional Arrangement

A. Program Management Bureau –DSWD Central Office

- Act as the lead Bureau in managing and coordinating the implementation of the Supplementary Feeding Program.
- Allocate and release funds to DSWD-ARMM
- Assess and recommend the request for modification of SF funds for FOs pursuant to existing accounting and auditing rules and regulations;
- Monitor and provide technical assistance on program operation and administrative concerns to the FOs in the implementation of the program.
- Submit reports on the implementation of the program to the Department Secretary, and Office of the President.
- Conduct Annual Program Implementation Review (PIR)
- Conduct capacity building activities to both technical and administrative SFP staff of the FOs.

B. Financial Management Service-DSWD Central Office

- Provide technical assistance to PMB and FOs on budgetary, financial and cash management matters of the program.
- Sub-allotment, transfer of funds and modification of funds based on request.
- Participate/act as resource person during the national program implementation review.

C. DSWD Field Offices

- Facilitate the procurement of the goods/service for the implementation of the Supplementary Feeding Program
- Engage the ARBOs or the LGUs in a partnership through a Memorandum of Understanding (MOU).
- Engage the SLPA following the existing procedures/guidelines in the provision of goods/services.

D. Local Government Units

In the MOU of the FO with the LGUs, the following provisions will be contained and adhered to:

I. Social Preparation

- Identification of beneficiaries
- Orientation of parents/caregivers/guardian and children beneficiaries
- Initial weighing of the beneficiaries
- Vitamin A supplementation
- Deworming
- Assist the FOs in the monitoring of the SFP implementation.

II. Implementation Phase

- Continuous weighing of the beneficiaries
- Conduct of PES/parenting sessions to parents/caregivers/guardians
- Assist the FOs in the monitoring of the SFP implementation
- Implement the actual conduct of feeding in the CDC/SNP group.
- Records the height and weight of the children beneficiaries by CDW/SNPW

- Submit nutritional status reports to the FO.

X. Monitoring and Evaluation

A regular monitoring at the national and FO level shall be conducted to ensure proper implementation of the program.

The Program Implementation Review shall be conducted at the national level to gauge its effectiveness. This review is separate from the holistic evaluation of the program which shall be done by the Program Management Bureau at the last quarter of every year.

XI. Reporting System

The Early Childhood Care Development –Information System (ECCD-IS) reporting template shall be used in the recording and consolidation of data, data banking, and reporting purposes. Further, the physical and financial accomplishment shall be prepared and submitted by the FOs to PMB.

XII. Effectivity

This Revised Procedure on the Implementation of the SFP shall take effect immediately upon approval.

All SFP Administrative Orders and other provisions inconsistent with these guidelines are hereby superseded.

Issued in Quezon City this 31st day of January 2019.



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Secretary

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Glossary

1. **Child Development /Supervised Neighborhood Play Workers Federation (CD/SNPWF)-** is a registered, licensed and accredited civil society organization composed of Child Development Workers in a certain locality that aims to contribute to the attainment of the optimum development of children through Early Childhood Care and Development.
2. **Field Office-** is the regional office of the DSWD which is mandated to implement and oversee the various social welfare programs and services including SFP within their regional geographic area.
3. **Supervised Neighborhood Play (SNP) –** is a venue for the children aged 2-4-year-old provided with early childhood enrichment activities together with older children thru play activities, games, guided exercises and other learning opportunities. Each SNP can be composed of children aged 2 to 4-year old which should have a minimum of 10 and maximum of 15 members.
4. **Stunted growth-** is a physical condition based on height-for-age index, children with height below the standard for child's age; reflects chronic undernutrition or past nutritional status, caused by prolonged inadequate intake, recurrence of illness or improper feeding practices. (Food and Nutrition Research Institute –Department of Science and Technology FNRI-DOST Facts and Figures 2013, 8th National Nutrition Survey NNS).
5. **Wasted -** is a condition based on weight-for-height index, weight below the standard for child's height; usually as a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhea. (Food and Nutrition Research Institute –Department of Science and Technology FNRI-DOST Facts and Figures 2013, 8th National Nutrition Survey NNS).
6. **Underweight –** is a condition based on weight-for-age index; children with weight below the standard for child's age; captures both the past and present nutrition status. Food and Nutrition Research Institute –Department of Science and Technology FNRI-DOST Facts and Figures 2013, 8th National Nutrition Survey NNS).
7. **Overweight –** is a condition where Body Mass Index (BMI) is greater than or equal to 25 kg/m² for adults (WHO, 2015); for children, BMI at or above the 85th percentile and below the 95th percentile (CDC, 2015).
8. **High Fiber Diet –** is an eating plan usually composed of leafy vegetables or other food items rich in fiber which serves as bulk in the stomach that makes the individual feel full when consumed.