



PROCESS EVALUATION OF SUPPLEMENTARY FEEDING PROGRAM

September 2020

**Policy Development and Planning Bureau
Research and Evaluation Division**

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ACRONYMS AND ABBREVIATIONS

4Ps	Pantawid Pamilyang Pilipino Program
BHW	Barangay Health Workers
BNS	Barangay Nutrition Scholars
CDC	Child Development Center
DA-NMIS	Department of Agriculture-National Meat Inspection Service
DepEd	Department of Education
DOH	Department of Health
FOs	Field Offices
GAA	General Appropriations Act
GIDA	Geographically Isolated and Disadvantaged Area
KAP	Knowledge, Attitude, Practices
LCE	Local Chief Executive
LGU	Local Government Unit
M&E	Monitoring and Evaluation
MOA	Memorandum of Agreement
NFA	National Food Authority
NGO	Non-Government Organization
NNC	National Nutrition Council
NPMO	National Program Management Office
P/C/MSWDO	Provincial/City/Municipal Social Welfare and Development Office
PES	Parent Effectiveness Sessions
PPAN	Philippine Plan of Action for Nutrition
RENI	Recommended Energy and Nutrient Intake
SFP	Supplementary Feeding Program
SNP	Supervised Neighbourhood Play
TA	Technical Assistance
UNICEF	United Nations Children's Emergency Funds

EXECUTIVE SUMMARY

The Supplementary Feeding Program (SFP) is part of the DSWD's contribution to the Early Childhood Care and Development Program of the government. The SFP is the provision of food to children currently enrolled in child development centers (CDCs) aged 3-4 years or those participating in Supervised Neighborhood Play (SNP) aged 2-4 years, as well as to children enrolled in CDCs (and not with the Department of Education preschool) aged 5 years. In addition to the regular meals of children beneficiaries, the SFP food supplementation is in the form of hot meals served during break/snack time in the morning session or during break/snack time in the afternoon session. The feeding is managed by parents based on a prepared meal cycle using indigenous or locally-produced food equivalent to 1/3 of the Recommended Energy and Nutrient Intake.

The SFP aims to: augment the feeding program for children in CDCs/SNP managed by local government units; improve the knowledge, attitude and practices of children, parents and caregivers through health and nutrition education; and, improve and sustain the nutritional status of children. Thus, children beneficiaries are weighed at the start of the feeding period and three (3) months thereafter. Upon completion of the 120 feeding days, their nutritional status will be determined.

The program is in line with the Millennium Development Goals (MDGs), which was later on replaced by Sustainable Development Goals (SDGs) and DSWD's strategic goal, which was to eradicate extreme poverty and hunger. The development hypothesis of the SFP is that if children are given enough nutrients in their early years through the SFP, they will grow up strong and healthy and improve their learning and intellectual capacity. This will lead to a healthy workforce that will maximize the demographic dividend of the country, thereby improving its economic potential.

The purpose of this evaluation is to: (i) assess the extent to which the SFP was implemented as planned, (ii) investigate how SFP resources, activities and outputs are contributing to the delivery of outcomes, (iii) assess the SFP in terms of its relevance, coherence, effectiveness, efficiency, sustainability and potential impact in line with the evaluation criteria set by the Organization for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC), and (iv) inform the DSWD in implementing the impending devolution of SFP implementation to the LGUs in 2020.

This evaluation intended to answer overarching questions such as: (i) What factors facilitate or hinder the performance of the SFP? (ii) What good practices and lessons does the SFP have that can be shared with DSWD and other stakeholders? (iii) What gaps, issues and constraints did the SFP encounter in program implementation and how can these gaps, issues and constraints be addressed? To facilitate the analysis, these questions were re-classified under three research areas: (i) Quality of the Theory of Change, (ii) Quality of Implementation and (iii) Influencing Factors. Each research area comprises a set of Key Evaluation Questions (KEQs) related to the criteria

proposed by the Organization for Economic Cooperation and Development - Development Assistance Committed (OECD-DAC).

This study was conducted by a composite team of DSWD staff and officers from different relevant units, and external members. The evaluation team led and implemented all planning, data gathering and analysis related activities of the study. The evaluation report intended to answer the evaluation questions described earlier and highlight the facilitating and hindering factors in the implementation of SFP Cycle 8. A mixed-method approach was adopted by the study, where quantitative information was generated from desk research and survey, while qualitative information was generated from desk research, consultation workshops, key informant interviews (KIIs) and focus group discussions (FGDs).

Local Government Unit – SFP Focal Persons who responded to the survey acknowledged the relevance of the program as it continues to contribute in addressing malnutrition. Likewise, it also contributed to the improvement of children’s intellectual and learning capacity. However, the basic causes of malnutrition, which are at the societal level, can be considered as concerns that are untouched by SFP. Despite the supplementary meals served to children beneficiaries and training sessions on nutrition and health, it would be difficult for a poor household to support and sustain the intended program outcome if it lacks the resources to consistently provide adequate and nutritious food to its members. The inadequacy of resources (financial, human, physical, social and natural capital) may be outside the scope of the program but are necessary gaps that need to be addressed in collaboration with other programs of DSWD, national government agencies, and civil society organizations. Implementers and beneficiaries, alike, particularly those who participated in FGDs greatly perceived SFP as a necessary program in their communities. The general sentiment of the participants was for the program to continue, as they see it necessary for their children’s well-being.

Coherence has the lowest average summary score compared to other KEQs. Most LGU SFP Focal Persons who responded to the survey collaborated with internal and external partners in implementing SFP Cycle 8 such as with the DSWD-PMB and the Department of Health (DOH). Only and less than half collaborated with the other external partners. Nevertheless, SFP can be considered coherent with most of the best practices done by other similar nutrition programs.

It can be noticed in the evaluation matrix summary that there are several indicators assigned to measure the effectiveness of SFP. It is divided into three sections which are effectiveness in delivering outcomes, effectiveness in delivering outputs and effectiveness of LGUs in implementing the program. Through survey, FGDs and KIIs, SFP Cycle 8 is seen to be effective in delivering the outcomes which are the improved/sustained nutritional status of children beneficiaries and improved KAP on nutrition and health of children, parents and caregivers. Nonetheless, it should be noted that the data for nutritional status will still be validated as there are some inconsistencies in the data provided by LGUs. While there are several positive feedbacks in terms of improved KAP on nutrition on health, there is no existing tool to measure this outcome. The program is also perceived to deliver the intended outputs such as children served with hot meals for 120 days and training sessions to improve KAP. While the number of children served with hot meals has complete and accurate data in the LGU and regional level, there is no existing

consolidated data for the training sessions conducted such as PES. Based on the guidelines, parents should attend/participate in at least nine (9) PES for SFP. In terms of LGU implementing SFP, issues related to targeting and identification of beneficiaries, fund management and feeding were raised.

According to survey respondents, the program is efficient in terms of human and financial resources and time management. Nevertheless, lack of staff in the regional and LGU level is seen to affect the efficiency of the program. This is also true for the financial resources wherein parents and LGUs have to augment to support the smooth implementation of SFP. For time management, the period to comply with liquidation reports is seen to also affect efficiency as this will have an implication for the implementation of the next cycles.

Potential impact in terms of addressing malnutrition in the country is also generated from surveys, FGDs and KIIs. The participants understand that SFP is just one component to combat malnutrition and at least for the 8th cycle, majority of children beneficiaries improved their nutritional status. The key informants from the DSWD CO acknowledge that there is so much more to be done to realize the impact of the program at the national level.

One of the highlights seen in sustaining the program was the existence of community and backyard gardens. These alleviated situations when existing allocations could not meet the present needs. Data from the survey and FGD also support that beneficiaries were capacitated to be able to sustain the benefits of the SFP.

For relevance, it is recommended to strengthen inter-agency coordination and collaboration to ensure that the SFP objectives are complemented by other social protection programs. Likewise, partnerships can also be explored with other stakeholders especially NGOs which can cater to children not enrolled in CDCs or SNPs. For coherence, it is recommended to sustain partnership with NGAs and explore how partnerships with other stakeholders can be strengthened.

The development of tools is necessary to effectively achieve outcome and output indicators of the program. In particular, tools for measuring KAP on nutrition and health should be developed by the PMB to be cascaded in the FO, LGU and CDC level.

In terms of efficiency, additional workforce in FOs and LGUs as well as regularization of staff can address the efficiency in human resources. For the financial resources, added support can be generated from other stakeholders, especially the LCE for children not covered under the program. Services of non-government organizations such as the Kabisig ng Kalahi as partner in the region (Php70,000.00 for 120 days with reporting expenses, aside from the milk program) can help augment the program. It is also recommended to increase the budget of hot meals and operational and administrative funds. Similarly, it is recommended to allocate budget for accurate measuring tools. For time management, one recommendation is to develop mechanisms to ease in the preparation of liquidation reports.

To ensure sustainability of the program, it is recommended to empower LGUs in the importance of health and nutrition rather than infrastructures. Parents Effectiveness Session (PES) should also be strengthened and enhanced.

1 INTRODUCTION

1.1 Background

1. Malnutrition, especially among children, is a continuing problem in the Philippines. In 2011, the United Nations Children's Emergency Funds (UNICEF) cited malnutrition as the primary cause of death among children below 5 years old. The latest National Nutrition Survey (NNS) in 2015 said that 33.4% were stunted and 7.1% were wasted among children from 0-5 years old. Poor nutrition compromises the learning ability and intellectual capacity of children that leads to low adult productivity and earnings. The Philippine government implemented several strategies to address malnutrition. The Philippine Plan of Action for Nutrition (PPAN) 2017-2022 aims to reduce the levels of stunting and wasting among 0-5 years old to 21.4% and less than 5% by 2022.

2. The Department of Social Welfare and Development (DSWD) contributes to achieving the goal of the PPAN by implementing the Supplementary Feeding Program (SFP). Under the SFP, the DSWD provides food (in addition to their regular meals) to target undernourished children to improve and sustain their nutritional status. The SFP provides hot meals served during snack/meal time to children, minimum of five (5) and maximum of seven (7) days a week for one hundred twenty (120) days. The feeding program is managed by the parents/caregivers based on a prepared cycle menu using available indigenous food supplies. Children beneficiaries are weighed at the start of the feeding and monthly thereafter until completion of the 120 feeding days to determine improvement and sustenance in their nutritional status.

3. In line with the Administrative Order (AO) 4, Series of 2016 or the *Amended Omnibus Guidelines in the Implementation of the SFP, the Local Government Units (LGUs) through the Provincial/City/Municipal Social Welfare and Development Offices (P/C/MSWDOs)* help the DSWD in implementing the SFP. The LGUs assist in fund management and provide guidance and technical assistance to the Child Development Centers (CDCs) / Supervised Neighborhood Play (SNPs) workers who directly supervise parent groups in the conduct of daily feeding.

1.2 Scope and Limitations

4. Implementing the SFP involves several entities. This leads to a complicated process resulting in operational challenges - including those related to fund liquidation and procurement. The SFP has not been evaluated comprehensively undermining DSWD's ability to learn from its implementation. The DSWD conducted this Process Evaluation (PE) to fill this gap. This study assessed the extent to which the SFP was implemented as planned, and investigated how resources, activities and outputs are contributing to the delivery of outcomes. In line with the evaluation criteria set by the Organization for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC), the study was structured around the SFP's relevance, coherence, effectiveness, efficiency, sustainability and potential impact.

5. The study aims to help in the implementation of future SFP cycles. Its immediate need, however, is to inform the DSWD for the impending devolution of SFP implementation to the LGUs in 2020. Because the SFP is already on its 10th cycle however, with the design and implementation approach of each cycle being slightly different from the others; and because of budget and time constraints, this study was limited to an evaluation of the SFP Cycle 8. The evaluation team believed that Cycle 8 most closely represents the context under a devolution scenario.

1.3 Structure of the Report

6. This report focused on answering key evaluation questions arranged around the OECD-DAC evaluation criteria. This section introduces the report while Section 2 discusses the SFP and gives a short history of the nutrition programs in the Philippines. It also discusses the SFP's Theory of Change or program logic, its key stakeholders, and scope and limitations. Section 3 discusses the design and methodology used in this study including the evaluation objectives, conceptual framework, approach, sampling design, scope and limitations, stakeholder engagement, confidentiality and evaluation team. Section 4 discusses the data used in this study, while Section 5 presents the data analysis and findings. Sections 6, 7 and 8 presents the conclusions, recommendations and lessons learned from the SFP Cycle 8, respectively.

2 PROGRAM DESCRIPTION

7. The SFP is part of the DSWD's contribution to the Early Childhood Care and Development Program of the government. The SFP is the provision of food to children currently enrolled in CDCs aged 3-4 years or those participating in SNP aged 2-4 years, as well as to children enrolled in CDCs (and not with the Department of Education preschool) aged 5 years.

8. In addition to the regular meals of children beneficiaries, the SFP food supplementation is in the form of hot meals served during break/snack time in the morning session or during break/snack time in the afternoon session. The feeding is managed by parents based on a prepared meal cycle using indigenous or locally-produced food equivalent to 1/3 of the Recommended Energy and Nutrient Intake.

9. The SFP aims to augment the feeding program for children in CDCs/SNP managed by local government units; improve the knowledge, attitude and practices of children, parents and caregivers through health and nutrition education; and, improve and sustain the nutritional status of children. Thus, children beneficiaries are weighed at the start of the feeding period and three (3) months thereafter. Upon completion of the 120 feeding days, their nutritional status will be determined.

2.1 Brief History of Nutrition Programs in the Philippines

10. Malnutrition is situation where a person fails to meet (undernutrition) or exceeds (overnutrition) his/her nutrient and energy intake versus what is required to maintain growth, immunity and organ function. Undernutrition is further categorized as (i) moderate acute malnutrition (wasting), (ii) acute malnutrition (wasting),¹ and (iii) chronic malnutrition (stunting)² (WFP, 2012). Chronic malnutrition is associated with higher morbidity and mortality and is irreversible. It therefore must be prevented (WFP, 2012).

11. Malnutrition is prevalent among children globally, with more children aged 6-23 months suffering from acute malnutrition (WFP, 2012). In the Philippines, malnutrition is a continuing problem such that in 2011, the United Nations Children's Emergency Funds (UNICEF) cited malnutrition as the primary cause of death among children below 5 years old³. The latest National Nutrition Survey (NNS) in 2015 said that 33.4% are stunted and 7.1% are wasted among children from 0-5 years old.

12. The Philippines has been trying to address the malnutrition problem for decades. As early as 1974, the National Nutrition Council (NNC) has rolled out interventions on food assistance, health protection, information and education, and food production (Solon, 1979). Specifically, on food assistance, the country has implemented several feeding programs, which in recent years

¹ Acute Malnutrition (wasting) is a form of malnutrition characterized by recent weight loss. (WFP, 2012)

² Chronic Malnutrition (stunting) is a form of malnutrition characterized by being short for one's age. It reflects a larger problem that includes inadequacy to attain optimal cognitive development. (WFP, 2012)

³ UNICEF Humanitarian Action for Children Report

have undergone various modifications in their objectives, target beneficiaries, and modes of service deliveries.

13. In 1997, the DepEd implemented the Food for Education (FFE) program to address short-term hunger among school-age children (Albert et al., 2015). In 2005, the DepEd and the DSWD launched the National Supplemental Feeding Program (NSFP) (DSWD, 2007) to decrease the rate of underweight children. The NSFP gave on-site feeding for 60 days to target children in day care centers and schools. In the same year, the DepEd and the DSWD implemented the Food for School Program (FSP) as part of the country's Accelerated Hunger Mitigation Program (ACMP). Through the FSP, children in day care centers, pre-schools and Grade 1 classes in 49 target provinces, received a kilo of rice.

14. In 2006 the government streamlined the FSP process with the DepEd taking charge of distributing rice and feeding children in schools, while DSWD focused on feeding children in day care centers. Consequently, the DSWD launched the SFP for CY2007⁴ in 2007, where it distributed milk and hot meals to pre-school children in day care centers in the priority provinces of the National Nutrition Council (MC.4, S. 2007).

15. In 2011, the DOH⁵, the DepEd, and the DSWD implemented parallel feeding programs. The DepEd implemented the Breakfast Feeding Program (BFP) to address malnutrition among public school children, specifically, the undernourished kindergarten and Grade 1 to 3 children for 100-120 days. By 2012, DepEd's BFP transitioned into the School-Based Feeding Program (SBFP) and underwent further refinements. It focused on feeding severely wasted school-aged children, while implementing complementary activities such as deworming, waste segregation and composting, gulayan sa paaralan, and the integration of Essential Health Care Program (Tabunda et. al., 2016).

16. The Philippine Government acknowledges the problem of undernutrition among Filipino children, through the passage of the Republic Act No. 11037 or the "Masustansyang Pagkain para sa Batang Pilipino Act" in 2017⁶ Republic Act 10410 entitled "Early Years Act (EYA) 2013".

17. The DSWD continued implementing the SFP as part of its contribution to the government's ECCD. The SFP provided hot meals during snack / mealtime to children from five (5) to seven (7) days a week for 120 days. The feeding program was managed by parents / caregivers based on a prepared cycle menu using available indigenous food supplies. Children beneficiaries were weighed from initial feeding and monthly thereafter until completion of 120 days to determine

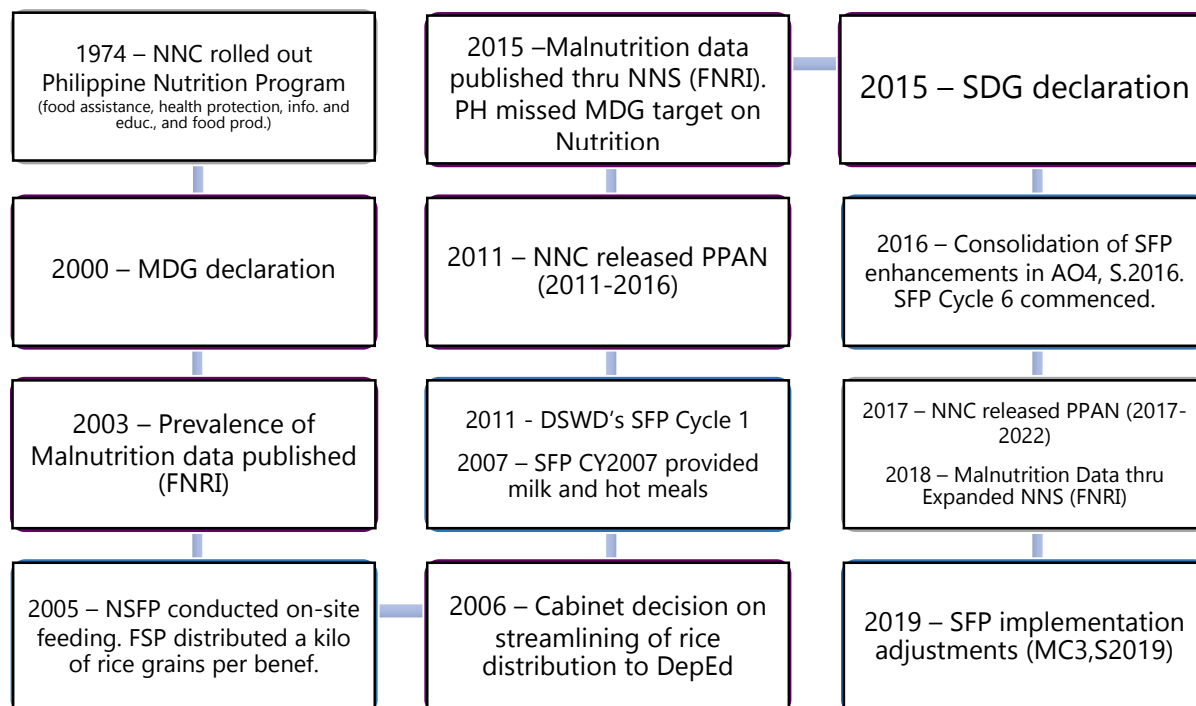
⁴ The DSWD SFP for CY2007 objective are as follows: (i) To provide augmentation support for the feeding program for children using indigenous food and/or locally produced foods equivalent to 1/3 of Recommended Energy and Nutrient Intake (RENI); (ii) To improve knowledge, attitude and practice of children, parents and caregivers through intensified nutrition and health education; (iii) To regularly monitor the nutritional status and growth of all beneficiaries; and (iv) To assess and manage any health and nutrition related problems. (MC.4, S. 2007).

⁵ The DOH published the Philippine Infant and Young Child Feeding (IYFC) Program Strategic Plan of Action 2011-2016. The program focused on newborns and infants. Its target outcomes include the following: (i) 90 percent of newborns are initiated to breastfeeding within one hour after birth; (ii) 70 percent of infants are exclusively breastfed for the first 6 months of life; and (iii) 95 percent of infants are given timely adequate and safe complementary food starting at 6 months of age; by 2016.

⁶ https://www.lawphil.net/statutes/repacts/ra2018/ra_11037_2018.html

improvement and sustenance in their nutritional status (AO4, S. 2016). Figure 1 summarizes the various feeding programs implemented by the Philippine government in the last 50 years.

Figure 1. Nutrition Program in the Philippines in the Past 50 years



18. The past feeding programs implemented in the Philippines is not without implementation challenges. They faced issues like data limitations, difficulty of intra-sectoral and inter-sectoral management, logistical constraints, and budget limitations.

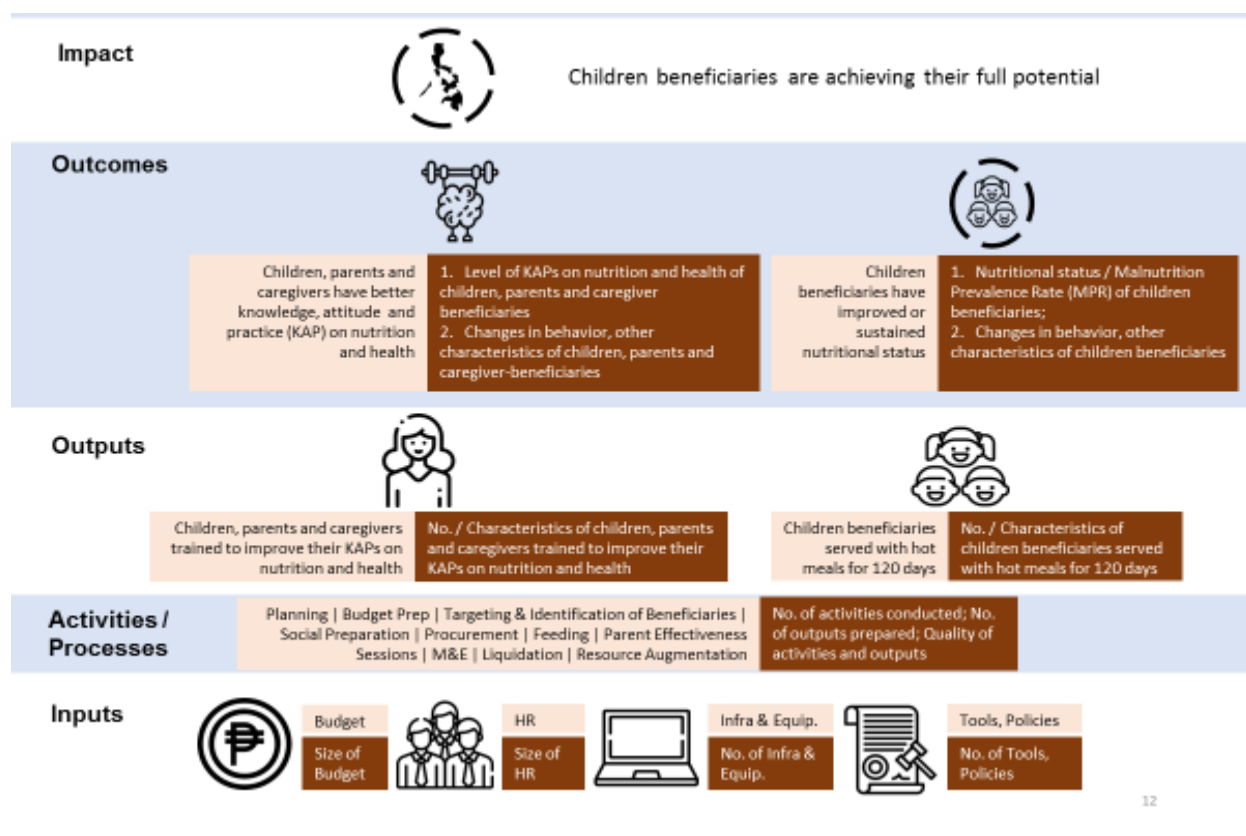
19. A strategic review of food security and nutrition in the Philippines highlighted the lack of timely and reliable data and differences in national (i.e. National Nutrition Survey) and barangay level OPT Plus data, to which LGU's normally rely for planning purposes (Briones et. al, 2017). A process evaluation of the DepEd's SBFP cited lack of standard weighing protocols and equipment (Albert et.al, 2015). The DOH reported intra-sectoral and intersectoral management and coordination challenges in the IYCF Program (DOH, 2011).

20. According to the study "Who Benefits from the Food-for-School Program and Tindahan Natin Program: Lessons in Targeting" by Manasan and Cuenca (2007), targeting issues in the Food for School Program (FSP) resulted to leakage and under-coverage rates. The geographic targeting methodology used by the program was unable to account for gaps in the income class of municipalities within the same region. This resulted to a 62% leakage rate and 80% under-coverage rate in the DepEd component; and a 59% leakage rate and 75% under-coverage rate in the DSWD component (Manasan and Cuenca, 2007). The DSWD's use of day care centers (DCCs) as distribution points left 16% of the total number of barangays (those without DCCs) unserved (Manasan and Cuenca 2007).

2.2 Theory of Change

21. The program is in line with the MDGs, which was later on replaced by SDGs and DSWD's strategic goal, which was to eradicate extreme poverty and hunger. The development hypothesis of the SFP is that: If children are given enough nutrients in their early years through the SFP, they will grow up strong and healthy and improve their learning and intellectual capacity. This will lead to a healthy workforce that will maximize the demographic dividend of the country, thereby improving its economic potential. This is illustrated in the SFP's program logic in Figure 2.

Figure 2. SFP Program Logic and Indicators



2.3 Monitoring and Evaluation Framework

22. Based on its program logic in Figure 2, the SFP will be monitored and evaluated using the monitoring and evaluation framework summarized in Table 1.

Table 1. Summarized Monitoring and Evaluation Framework

Input	Activities	Outputs	Outcomes
Budget HR Infra & Equip Tools Policies	Planning Budget Prep Targeting & Identification of Beneficiaries Social Preparation Procurement Feeding Parent Effectiveness Sessions M&E Liquidation	<ul style="list-style-type: none"> • Children beneficiaries served with hot meals for 120 days • Children, parents and caregivers trained to improve their KAPs on nutrition and health 	<ul style="list-style-type: none"> • Children beneficiaries have improved or sustained nutritional status • Children, parents and caregivers have better knowledge, attitude and practice (KAP) on nutrition and health
Size of budget Size of HR No. of Infra & Equip No. of Tools and Policies	<ul style="list-style-type: none"> • No. of activities conducted; No. of outputs prepared Quality of activities and outputs 	<ul style="list-style-type: none"> • No. / Characteristics of children beneficiaries served with hot meals for 120 days • No. / Characteristics of children, parents and caregivers trained to improve their KAPs on nutrition and health 	<ul style="list-style-type: none"> • Nutritional status / Malnutrition Prevalence Rate (MPR) of children beneficiaries; • Changes in behaviour, other characteristics of children beneficiaries • Level of KAPs on nutrition and health of children, parents and caregiver beneficiaries • Changes in behaviour, other characteristics of children, parents and caregiver-beneficiaries • Level of effectiveness of supported feeding programs

2.4 Key stakeholders

23. Implementing the SFP involves several entities. Among the key partners of the DSWD in SFP implementation are the other national government agencies, local government units, parent groups, and non-government organizations.

2.4.1 Local Government Units

24. The direct implementers of the SFP are the city or municipal governments through its City/Municipality Social Welfare and Development Office (C/MSWDO). Partner LGUs which are required to forge Memorandum of Understanding with the DSWD Field Offices conduct the identification of beneficiaries, social preparation activities, actual feeding, PES and other capability building activities, monitoring and reporting of feeding activities, and provide augmentation as necessary. The C/MSWDOs oversee and supervise the implementation of SFP in the CDCs and SNPs of the partner LGUs. The CDC/SNP workers manage the daily implementation of the feeding sessions with the assistance of parent groups. The CDC/SNP workers are also in-charge of the intake and monitoring of the children in coordination with the local Health Office.

2.4.2 Child Development Service/ Supervised Neighbourhood Play Parent Groups

25. Another key partner in the SFP implementation are CDN/SNP Parent Groups which are organized to manage and implement the daily feeding of children beneficiaries according to the guidelines and protocols of the program. The parent groups support the Child Development/SNP Worker in marketing, inspection of goods, financial management, and preparation of food. They are also required to attend PES and generate counterparts from fellow parents to augment the resources of the DCC/SNP.

2.4.3 National Government Agencies

26. The DSWD partners with the National Nutrition Council and Department of Agriculture to provide orientation to the Regional Social Development Committee, Provincial Governments, City/Municipal Governments, NGOs and POs and other stakeholders on the objective, mechanics, and their roles and responsibilities in the program.

2.4.4 Non-Government Organizations

27. Non-government organizations refer to DSWD accredited, licensed, registered non-profit, non-sectarian organizations that primarily engage in the provision of social welfare programs and services, to one or more disadvantaged or vulnerable group. Partner NGOs with MOA with the DSWD have the same roles and responsibilities as with partner LGUs.

2.5 Program Target and Actual Number of Beneficiaries Served

28. The DSWD started implementing the SFP in 2011. Through the years, the SFP's implementation and monitoring went through various changes resulting in eight implementing cycles from 2011 to 2018. Referencing eight DSWD Administrative Orders⁷, SFP changes included the following: (i) target beneficiaries expanded to a nationwide coverage of to 2-12 year old children in varying context⁸; (ii) distribution point included Supervised Neighborhood Play; (iii) feeding duration expanded to 120 days; (iv) cost per child's meal increased from PhP12.00/meal in 2011 to PhP13.00/meal in 2014; and (v) partners and process involved NGOs and legislators, among others.

29. SFP Physical Accomplishment is indicated in Table 2 below.

⁷ The eight DSWD AOs include the following: DSWD AO 20, S.2010; AO 4, S.2011; AO 5, S.2011; AO.14, S.2011; AO 18, S.2011; AO22, S.2011, AO8, S.2012; AO8, S.2014

⁸ Children's context varies from the following: (i) 2-4 year old children in SNPs; (ii) 3-4 year old children enrolled in DCCs; (iii) 5-year old children not enrolled in the DepEd preschool children but enrolled in DCCs; (iv) 2-12 years old **not** catered in SFP implemented by LGUs and NGOs and feeding program in schools in Legislator-identified areas; and (v) 5-12 year old children enrolled in Madrasah

Table 2. SFP Physical Accomplishment (Cycles 1-8)

Cycle	Implementation Year	Physical Accomplishment				
		Target per WFP		Total Served		
		DCCs/CDCs	Children	DCCs/CDCs with Conducted SFP	Children Served	% DCC Children Served
1	2011	50,981	1,936,395	46,588	1,709,990	85
2	2012	50,981	1,586,616	46,588	1,607,503	103
3	2013	52,113	1,723,480	37,560	1,692,858	95
4	2014	51,040	1,936,395	47,611	1,742,182	90
5	2015	51,407	1,976,214	38,332	1,731,193	88
6	2015	48,454	2,142,647	41,337	1,901,561	89
7	2017	51,407	1,646,199	45,318	1,789,825	109
8	2018	51,609	1,691,180	47,524	1,729,189	105
Total		371,863	12,858,471	309,192	12,320,022	

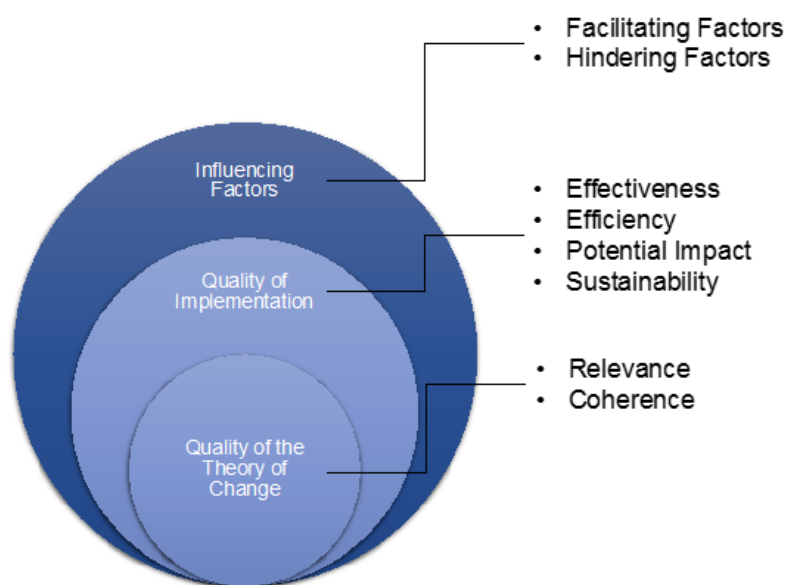
30. Noting that the target beneficiaries of SFP are children aged 5 years old and below who are participating in SNP and enrolled in CDC, as well as malnourished children aged 5 to 12 years old not in CDCs, out-of-school children aged 5 years old and below who are not catered by SNP and CDC are not covered by the program. The program is also limited to reporting weight for age or weight for height as measure of nutritional status of the children beneficiaries. Other indicators of malnutrition such as stunting or height for age is not reported by the program. Further, the program lacks a monitoring system to gauge the improvement of children and parent beneficiaries' KAP on nutrition and health.

3 EVALUATION DESIGN AND METHODOLOGY

3.1 Conceptual Framework

31. This evaluation intended to answer overarching questions such as: (i) What factors facilitate or hinder the performance of the SFP? (ii) What good practices and lessons does the SFP have that can be shared with DSWD and other stakeholders? (iii) What gaps, issues and constraints did the SFP encounter in program implementation and how can these gaps, issues and constraints be addressed? To facilitate the analysis, these questions were re-classified under three research areas: (i) Quality of the Theory of Change, (ii) Quality of Implementation and (iii) Influencing Factors. Each research area comprises a set of Key Evaluation Questions (KEQs) related to the criteria proposed by the Organization for Economic Cooperation and Development - Development Assistance Committed (OECD-DAC). What follows is a framework of how the research areas relate to the KEQs. The actual KEQs and Sub-KEQs are presented in Annex 3.

Figure 3. Conceptual Framework



3.1.1 Quality of Theory of Change

32. A theory of change explains how the activities undertaken by an intervention (such as a project, program or policy) contribute to a chain of results that lead to the intended or observed impacts.

3.1.1.1 Relevance

33. Relevance pertains to the extent to which the intervention objectives and design respond to beneficiaries' global country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

Table 3. Relevance: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent is the problem the SFP is trying to address valid?	Extent of the validity of malnutrition in your city/municipality
To what extent is the SFP's ToC sound?	Extent of TOC soundness
To what extent is the SFP expected to contribute to the implementation of national strategies / achievement of DSWD's organizational objectives?	Degree of relevance of SFP's contribution to the reduction of malnutrition rate

3.1.1.2 Coherence

34. Coherence is the compatibility of the intervention with other interventions in a country, sector or institution.

Table 4. Coherence: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent is the SFP maximizing synergies with other programs of DSWD?	Existence of internal and external partners
To what extent is the SFP consistent with similar best practice programs implemented by local and international organizations?	

3.1.2 Quality of Implementation

3.1.2.1 Effectiveness

35. Effectiveness pertains to the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

Table 5. Effectiveness: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent is the SFP effective in delivering outcomes?	<ul style="list-style-type: none">• Extent to which the SFP Cycle 8 contributed to the improvement of the nutritional status of the child• Effectiveness of sessions in improving the participants' KAP on nutrition and health

Evaluation Questions	Qualitative / Quantitative Indicators
	<ul style="list-style-type: none"> • Extent of contribution of SFP Cycle 8 to the improvement of children's KAP on nutrition and health • Extent of contribution of SFP Cycle 8 to the improvement of parents' KAP on nutrition and health
To what extent is the SFP effective in delivering outputs?	<ul style="list-style-type: none"> • Extent to which the children participated in health and nutrition education sessions • Extent to which the children beneficiaries participated in the conduct of the feeding sessions • Rating on food serving adequacy, appropriateness and quality • Satisfaction rating of children beneficiaries on hot meals served • Extent to which the parents participated in the PES • Extent to which parents participated in preparing the snacks/meals given in SFP Cycle 8 • Average number of PES attended by parents • Extent to which children beneficiaries were satisfied with the training sessions • Extent to which parent beneficiaries were satisfied with the training sessions
To what extent is the LGU effective in implementing the SFP?	
a. Targeting and Strategic Planning	<ul style="list-style-type: none"> • Level of agreement on the inclusion of target beneficiaries in the GAA budget • Level of agreement on the coverage of target beneficiaries • Level of agreement on the forging of MOA between the LGU and DSWD by the 1st quarter of the year • Level of agreement: The LGU opened a bank account solely for SFP
b. Identification of Beneficiaries	<ul style="list-style-type: none"> • Level of agreement on the absence of variance between the initial masterlist and the final masterlist
c. Fund Management	<ul style="list-style-type: none"> • Level of agreement on the legal and proper procurement process • Level of agreement on the timeline of procurement • Level of agreement on the source of procured food supplies
d. Social Preparation	<ul style="list-style-type: none"> • Level of agreement on the conduct of deworming

Evaluation Questions	Qualitative / Quantitative Indicators
	<ul style="list-style-type: none"> • Level of agreement on the conduct of Vitamin A supplementation • Level of agreement on height and weight measurement • Level of agreement on PES before feeding sessions • Level of agreement on the organization of parent groups • Level of agreement on the conduct of 9 PES • Level of agreement on the conduct of PES on health and nutrition, family and parenting
e. Feeding	<ul style="list-style-type: none"> • Level of agreement on the receipt of cycle menu with 1/3 RENI • Level of agreement on the distribution of the cycle menu with adjustments • Level of agreement on the distribution of adjusted cycle menu with 1/3 RENI • Level of agreement on the preparation and portioning of food equivalent to 1/3 RENI • Level of agreement on the iron fortification of rice served • Level of agreement on the washing of hands and praying before feeding • Level of agreement on the washing of hands, praying and brushing of teeth after feeding
f. Monitoring and Evaluation	<ul style="list-style-type: none"> • Level of agreement on the proper monitoring of height and weight • Level of agreement on weekly supervision of feeding sessions • Level of agreement on the conduct of monitoring visits • Level of agreement on the disaggregation of data • Level of agreement on the technical assistance from DSWD-FO • Level of agreement on the existence of leakage • Level of agreement: SFP Cycle 8 was implemented as scheduled
To what extent is the SFP delivering unprogrammed outputs?	<ul style="list-style-type: none"> • Extent of contribution of SFP Cycle 8 to the improvement of children's CDC attendance • Extent of contribution of SFP Cycle 8 to the improvement of children's SNP attendance

3.1.2.2 Efficiency

36. Efficiency is the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

Table 6. Efficiency: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent were the financial resources used efficiently?	<ul style="list-style-type: none"> • Level of agreement on the good management of funds • Level of agreement on the timely receipt of funds from DSWD • Level of agreement on the efficient procurement of goods and utensils • Level of agreement on the absence of liquidation issues • Level of agreement on the absence of COA findings • Extent to which the physical and financial plan is established • Level of agreement on duplication of feeding programs • Level of agreement on other ways/approaches to achieve the results with less funds
To what extent were the human resources used efficiently?	<ul style="list-style-type: none"> • Level of agreement on the sufficiency of DSWD staff allocated • Level of agreement on the sufficiency of LGU staff allocated • Extent to which the number of LGU staff involved in SFP is sufficient • Extent to which the number of partners, volunteers, parents, CDC workers, health workers and suppliers involved is sufficient • Extent to which the capacity of human resources is sufficient • Extent to which the capacity building plan is established • Level of agreement on the existence of other ways/approaches to achieve the results with less human resources
To what extent was the time spent efficiently?	<ul style="list-style-type: none"> • Level of agreement on the efficient management of time • Extent to which time management is established • Level of agreement on other existence of other ways/approaches to achieve the results with less time

3.1.2.3 Potential Impact

37. Potential impact pertains to the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

Table 7. Potential Impact: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent will the potential impact of SFP be delivered?	<ul style="list-style-type: none"> • Malnutrition rate before SFP Cycle 8 (Baseline) • Malnutrition rate after SFP Cycle 8 • Malnutrition rate by region

3.1.2.4 Sustainability

38. Sustainability is the extent to which the net benefits of the intervention continue, or are likely to continue.

Table 8. Sustainability: Evaluation Matrix Highlights

Evaluation Questions	Qualitative / Quantitative Indicators
To what extent will the effect of the SFP be likely sustained?	<ul style="list-style-type: none"> • Likelihood that the positive effects of the SFP Cycle 8 will be sustained • Extent to which the parents were capacitated to provide the primary nutritional needs of their children before they participated in the activities of the SFP Cycle 8 • Extent to which the parents were capacitated to provide the primary nutritional needs of their children after they participated in the activities of the SFP Cycle 8 • Extent to which the sustainability/post-feeding plan in synergy with LGUs and NGAs is established in your City/Municipality to support the implementation of SFP Cycle 8 • Extent to which the sustainability/post-feeding mechanisms in synergy with LGUs and NGAs is established in your City/Municipality to support the implementation of SFP Cycle 8 • Extent to which the M&E mechanisms for post-implementation of SFP established in your City/Municipality to support the implementation of SFP Cycle 8 • Capacity of the LGU to implement future cycles of SFP without fund transfer from DSWD • Capacity of the LGU to implement future cycles of SFP without technical assistance from DSWD

3.2 Approach

39. This study was conducted by a composite team of DSWD staff and officers from different relevant units, and external members. The evaluation team led and implemented all planning, data gathering and analysis related activities of the study. The evaluation report intended to answer

the evaluation questions described earlier and highlight the facilitating and hindering factors in the implementation of SFP Cycle 8.

3.2.1 Evaluation Matrix

Table 9. Evaluation Matrix Summary

Evaluation Questions	Indicators	Method
To what extent is the problem the SFP is trying to address valid?	Extent of the validity of malnutrition in your city/municipality	Desk Research, Survey, KII, FGD
To what extent is the SFP's ToC sound?	Extent of TOC soundness	Desk Research, Survey, KII, FGD
To what extent is the SFP expected to contribute to the implementation of national strategies / achievement of DSWD's organizational objectives?	Degree of relevance of SFP's contribution to the reduction of malnutrition rate	Desk Research, Survey, KII, FGD
To what extent is the SFP maximizing synergies with other programs of DSWD?	Existence of internal and external partners	Desk Research, Survey, KII, FGD
To what extent is the SFP effective in delivering outcomes?	<ul style="list-style-type: none"> • Extent to which the SFP Cycle 8 contributed to the improvement of the nutritional status of the child • Effectiveness of sessions in improving the participants' KAP on nutrition and health • Extent of contribution of SFP Cycle 8 to the improvement of children's KAP on nutrition and health • Extent of contribution of SFP Cycle 8 to the improvement of parents' KAP on nutrition and health 	Survey, KII, FGD
To what extent is the SFP effective in delivering outputs?	<ul style="list-style-type: none"> • Extent to which the children participated in health and nutrition education sessions • Extent to which the children beneficiaries participated in the conduct of the feeding sessions • Rating on food serving adequacy, appropriateness and quality • Satisfaction rating of children beneficiaries on hot meals served • Extent to which the parents participated in the PES • Extent to which parents participated in preparing the snacks/meals given in SFP Cycle 8 • Average number of PES attended by parents 	Survey, KII, FGD

Evaluation Questions	Indicators	Method
	<ul style="list-style-type: none"> • Extent to which children beneficiaries were satisfied with the training sessions • Extent to which parent beneficiaries were satisfied with the training sessions 	
<p>To what extent is the LGU effective in implementing the SFP?</p>	<ul style="list-style-type: none"> • Level of agreement on the inclusion of target beneficiaries in the GAA budget • Level of agreement on the coverage of target beneficiaries • Level of agreement on the forging of MOA between the LGU and DSWD by the 1st quarter of the year • Level of agreement: The LGU opened a bank account solely for SFP • Level of agreement on the absence of variance between the initial masterlist and the final masterlist • Level of agreement on the legal and proper procurement process • Level of agreement on the timeline of procurement • Level of agreement on the source of procured food supplies • Level of agreement on the conduct of deworming • Level of agreement on the conduct of Vitamin A supplementation • Level of agreement on height and weight measurement • Level of agreement on PES before feeding sessions • Level of agreement on the organization of parent groups • Level of agreement on the conduct of 9 PES • Level of agreement on the conduct of PES on health and nutrition, family and parenting • Level of agreement on the receipt of cycle menu with 1/3 RENI • Level of agreement on the distribution of the cycle menu with adjustments 	<p>Survey, KII, FGD</p>

Evaluation Questions	Indicators	Method
	<ul style="list-style-type: none"> • Level of agreement on the distribution of adjusted cycle menu with 1/3 RENI • Level of agreement on the preparation and portioning of food equivalent to 1/3 RENI • Level of agreement on the iron fortification of rice served • Level of agreement on the washing of hands and praying before feeding • Level of agreement on the washing of hands, praying and brushing of teeth after feeding • Level of agreement on the proper monitoring of height and weight • Level of agreement on weekly supervision of feeding sessions • Level of agreement on the conduct of monitoring visits • Level of agreement on the disaggregation of data • Level of agreement on the technical assistance from DSWD-FO • Level of agreement on the existence of leakage • Level of agreement: SFP Cycle 8 was implemented as scheduled 	
To what extent is the SFP delivering unprogrammed outputs?	<ul style="list-style-type: none"> • Extent of contribution of SFP Cycle 8 to the improvement of children's CDC attendance • Extent of contribution of SFP Cycle 8 to the improvement of children's SNP attendance 	Survey, FGD
To what extent were the financial resources used efficiently?	<ul style="list-style-type: none"> • Level of agreement on the good management of funds • Level of agreement on the timely receipt of funds from DSWD • Level of agreement on the efficient procurement of goods and utensils • Level of agreement on the absence of liquidation issues • Level of agreement on the absence of COA findings • Extent to which the physical and financial plan is established • Level of agreement on duplication of feeding programs 	Survey, FGD, KII

Evaluation Questions	Indicators	Method
	<ul style="list-style-type: none"> • Level of agreement on other ways/approaches to achieve the results with less funds 	
To what extent were the human resources used efficiently?	<ul style="list-style-type: none"> • Level of agreement on the sufficiency of DSWD staff allocated • Level of agreement on the sufficiency of LGU staff allocated • Extent to which the number of LGU staff involved in SFP is sufficient • Extent to which the number of partners, volunteers, parents, CDC workers, health workers and suppliers involved is sufficient • Extent to which the capacity of human resources is sufficient • Extent to which the capacity building plan is established • Level of agreement on the existence of other ways/approaches to achieve the results with less human resources 	Survey, FGD, KII
To what extent was the time spent efficiently?	<ul style="list-style-type: none"> • Level of agreement on the efficient management of time • Extent to which time management is established • Level of agreement on other existence of other ways/approaches to achieve the results with less time 	Survey, FGD, KII
To what extent will the potential impact of SFP be delivered?	<ul style="list-style-type: none"> • Malnutrition rate before SFP Cycle 8 (Baseline) • Malnutrition rate after SFP Cycle 8 • Malnutrition rate by region 	Survey, FGD, KII
To what extent will the effect of the SFP be likely sustained?	<ul style="list-style-type: none"> • Likelihood that the positive effects of the SFP Cycle 8 will be sustained • Extent to which the parents were capacitated to provide the primary nutritional needs of their children before they participated in the activities of the SFP Cycle 8 • Extent to which the parents were capacitated to provide the primary nutritional needs of their children after they participated in the activities of the SFP Cycle 8 • Extent to which the sustainability/post-feeding plan in synergy with LGUs and NGAs is established in your City/Municipality 	Survey, FGD, KII

Evaluation Questions	Indicators	Method
	<p>to support the implementation of SFP Cycle 8</p> <ul style="list-style-type: none"> • Extent to which the sustainability/post-feeding mechanisms in synergy with LGUs and NGAs is established in your City/Municipality to support the implementation of SFP Cycle 8 • Extent to which the M&E mechanisms for post-implementation of SFP established in your City/Municipality to support the implementation of SFP Cycle 8 • Capacity of the LGU to implement future cycles of SFP without fund transfer from DSWD • Capacity of the LGU to implement future cycles of SFP without technical assistance from DSWD 	

3.2.2 Methods

40. A mixed-method approach was adopted by the study, where quantitative information was generated from desk research and survey, while qualitative information was generated from desk research, consultation workshops, key informant interviews (KIIs) and focus group discussions (FGDs).

3.2.2.1 Desk Research

41. Desk research was performed to help answer all the evaluation questions presented in the evaluation framework. The evaluation team gathered printed and online documents in conducting desk research. These documents include, but are not limited to the following:

- a. All existing guidelines
 - a. DSWD AO 14 s. 2011 – Amended Guidelines in the Implementation of the SFP in Day Care Centers
 - b. DSWD AO 08 s. 2012 – Omnibus Guidelines in the Implementation of SFP
 - c. DSWD AO 04 s. 2016 – Amended Omnibus Guidelines in the Implementation of SFP
- b. Project proposals submitted by implementing partners;
- c. The Memorandum of Agreement (MOA) between the DSWD-FO and the City / Municipal Government;
- d. Monthly Physical Accomplishment and Financial Reports; and
- e. Annual Regional Program Implementation Review (PIR) Reports.

3.2.2.2 Survey and Sampling Technique Used

42. The evaluation team conducted an online survey, administered in batches, to answer the KEQs based on the perception and self-assessment of the LGUs. The survey respondents were selected using stratified random sampling (stratified by region) from the list of 113 cities and 1,075 municipalities nationwide, excluding the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) that implemented SFP Cycle 8. The sample size was determined based on 95% confidence level with a 5% margin of error. Assuming an attrition rate of 20%, the sample size was amplified to 110 cities and 355 municipalities (Table 3). Upon allocation of LGUs, the final sample size derived was 113 cities and 356 municipalities, for a total of 469 LGUs. The survey tool is presented in Annex 4. The questions were grouped by OECD-DAC criteria. Background questions were added to help the evaluation team determine the characteristics of the LGUs which might have affected the implementation of the SFP.

Table 10. Distribution of survey sample LGUs by region

Region	Population (SFP Cycle 8)			Stratified random sampling; Stratified by region; Cities and municipalities (Muni) are separately sampled; rounded off to nearest ones; Pateros given 1 sample. CL = 95%, MoE = 5%		
	Cities	Muni	Total	Cities	Muni	Total
National Capital Region (NCR)	13	1	14	13	1	14
Cordillera Administrative Region (CAR)	2	75	77	2	25	27
Region I (Ilocos Region)	4	94	98	4	31	35
Region II (Cagayan Valley)	4	84	88	4	28	32
Region III (Central Luzon)	8	60	68	8	20	28
Region IV-A (CALABARZON)	17	101	118	17	33	50
MIMAROPA Region	2	44	46	2	15	17
Region V (Bicol Region)	7	100	107	7	33	40
Region VI (Western Visayas)	16	117	133	16	39	55
Region VII (Central Visayas)	7	56	63	7	18	25
Region VIII (Eastern Visayas)	3	53	56	3	18	21
Region IX (Zamboanga Peninsula)	5	58	63	5	19	24
Region X (Northern Mindanao)	9	83	92	9	27	36
Region XI (Davao Region)	5	37	42	5	12	17
Region XII (SOCCSKSARGEN)	5	45	50	5	15	20

Region	Population (SFP Cycle 8)			Stratified random sampling; Stratified by region; Cities and municipalities (Muni) are separately sampled; rounded off to nearest ones; Pateros given 1 sample. CL = 95%, MoE = 5%		
Region XIII (Caraga)	6	67	73	6	22	28
PHILIPPINES	113	1,075	1,188	113	356	469

43. The Evaluation Team utilized KoBo Toolbox, an open source online data collection tool developed by the Harvard Humanitarian Initiative for organizations and individuals conducting research in humanitarian emergencies and challenging environments. The online survey tool was group administered to LGUs in a number of batches using Google Meet.

44. The encoded data from Kobo Toolbox was exported in Microsoft Excel format. Validations, recoding, and generation of frequency and summary tables using unweighted data were done in Stata. Charts, on the other hand, were constructed using Microsoft Excel.

3.2.2.3 Consultation Workshop

45. A Consultation Workshop with SFP Focal Persons from DSWD Field Offices were also conducted to validate the preliminary information gathered. A technical consultant was hired to facilitate the four-day workshop. Like the other activities, the workshop was done online via Zoom. The workshop served as a venue for the SFP Focal Persons to converse about SFP Cycle 8 to discover its uniqueness, make sense of the data available, re-imagine the future of the program, and give life to the participants' vision for the program.

3.2.2.4 Focus Group Discussions

46. Focus group discussions with various stakeholders and implementers on the ground were also conducted to gather qualitative information about their good practices, issues and challenges encountered, and notable anecdotes in implementing the SFP Cycle 8. Specific groups engaged were SFP Focal Persons from various LGUs, parent beneficiaries, CDC workers, and suppliers for the SFP Cycle 8. Like in KIIs, external facilitators were hired to conduct this activity using various digital communication platforms available such as Google Meet and Zoom. Transcriptionists were also hired to transcribe the proceedings.

3.2.2.5 Key Informant Interviews

47. Key informant interviews with knowledgeable DSWD officials and staff were conducted to collect relevant information about the conception of the program, its history and milestones,

strategic focus, and facilitating and hindering factors at the management and central office level. The Undersecretary for Special Concerns, the Assistant Secretary for Statutory Programs, as well as the Director and SFP Focal Persons of the Program Management Bureau were the identified key informants. External facilitators were hired to conduct this activity using various digital communication platforms available such as Google Meet and Zoom. Transcriptionists were also hired to transcribe the proceedings.

3.3 Confidentiality

48. The data gathering activities for the study were compliant with the Data Privacy Act and the DSWD Research and Evaluation Policy. The informed consent of the participants were secured and the information collected were only used for the purpose of the study.

49. The survey questionnaire underwent review and approval of the DSWD Data Privacy Officer. It included a project privacy policy notice which presented the purpose of the study, the information to be collected, security of data, retention period and contact person. An informed consent was also obtained from the participants which indicates their voluntary participation in the study. Access to the survey data was limited to the evaluation team only. During processing, the survey data was anonymized and no personal information and individual characteristics were divulged in the report.

50. The FGDs and KIIs, on the other hand, were recorded with the consent of the participants. The sessions were conducted by hired facilitators and transcribed by hired transcriptionists, whose contracts included a non-disclosure agreement. Session recordings and transcriptions were only accessible to the evaluation team and were only processed to qualify the results of the other methods used.

3.4 Evaluation Team

51. The evaluation team was composed of DSWD staff and officers from different relevant units, and external members. The team was divided into eight roles as follows:

- a. Evaluation Task Manager;
- b. Evaluation Team Leader;
- c. Evaluation Associates;
- d. Evaluation Assistants;
- e. Evaluation Support Team;
- f. Regional Coordinating Team;
- g. Facilitators and Transcriptionists; and
- h. Evaluation Communication Specialists

52. The Evaluation Task Manager, embodied by the Concurrent Head of the DSWD Policy Development and Planning Bureau (PDPB) with the Division Chief of the Research and Evaluation

Division (RED) as alternate, was responsible for overseeing the overall implementation of the study.

53. The Evaluation Team Leader was responsible for leading the implementation of the study, while the Evaluation Associates were tasked to assist the Team Leader. It was intended that technical consultants will be hired for these roles but due to time constraints and conflicting schedules, the PDPB-RED technical staff assumed the responsibility as Evaluation Team Leader, Evaluation Associates, as well as Evaluation Assistants.

54. The technical team was composed of Planning Officers, Statisticians and a Social Welfare Officer who have experience in conducting research and evaluation studies. They were supported by the Evaluation Support Team composed of administrative staff of PDPB-RED and nutritionists/dieticians and social welfare officer from the Program Management Bureau. Administrative and technical support on the ground was provided by the Regional Coordinating Team composed of Regional Planning Officers and SFP focal persons in DSWD Field Offices.

55. The qualitative data gathering activities were also taken cared of by hired Facilitators and Transcriptionists.

4 DESCRIPTION OF DATA

56. This section discusses the characteristics of the LGUs who served as survey respondents and FGD participants. The descriptive statistics and information that were derived from the survey results and FGD proceedings are discussed.

4.1 LGU Engagement

57. The respondents of the survey were SFP Focal Persons within the LGU who got involved in and are knowledgeable about the 8th cycle implementation of SFP. A total of 184 valid submissions out of the sample size of 469 LGUs were received, resulting in a response rate of 39%. Most (73%) of the respondents were the designated or alternate SFP focal persons. While the others were either the supervisor, child development worker or encoder (27%). Nine in ten (93%) of them were female and the median age was 48 years old. They have been in their current position for an average of 10 years.

Table 11. Distribution of Respondents According to Region

Region	Frequency	Percentage
NCR	10	5
CAR	6	3
I	13	7
II	5	3
III	15	8
IV-A	25	14
IV-B	7	4
V	22	12
VI	14	8
VII	13	7
VIII	8	4
IX	7	4
X	9	5
XI	7	4
XII	7	4
XIII	16	9
TOTAL	184	100

4.1.1 Level of LGU Involvement in SFP Implementation

58. LGU respondents were heavily involved in the implementation process of the SFP Cycle 8. On the planning stage, 80.7% were highly or very highly involved in local level planning. Particularly, about eight in ten LGU respondents were either highly or very highly involved in the initial preparation (78.5%) and finalization (85.1%) of the master list of beneficiaries. On fund management, a great majority of LGU respondents were either highly or very highly involved in

the transferring of funds from their LGU to the Barangay or Child Development Center (CDC) Parent Group (56.5%), procurement and delivery of goods and utensils (64.6%) and liquidation of funds (80.7%). On social preparation, about six to seven in ten LGU respondents were either highly or very highly involved in deworming (64.1%), vitamin A supplementation (63.5%), SFP orientation sessions (71.3%), parent effectiveness sessions on nutrition and health (61.9%) and organization of parent groups (73.5%). On feeding, 72.9% of LGU respondents were either highly or very highly involved in the preparation of menu and meals. Lastly on monitoring and evaluation, 80.7% of LGU respondents were either highly or very highly involved in the supervision of feeding sessions and preparation of monitoring reports.

4.1.2 LGU Characteristics

59. On the average, an LGU has 82 Child Development Centers (CDCs) and 50 Supervised Neighborhood Plays (SNPs), but the majority (66.3%) of LGUs have no SNP within their community. Further, an LGU has an average of 22.3 public primary schools, 2.2 public markets, 25.9 health centers and 184.2 food gardens within its locality. Water distillery stations were the most commonly reported source of drinking water (65.2%) among LGUs. More than half of them (55.8%) reported that tap water is also a common source of drinking water in their locality. While 15.5% identified water pump as a source of drinking water as well. In the past five years, 78.5% of LGUs received the Seal of Good Local Governance (SGLG). During the implementation of the SFP Cycle 8 in 2018 to 2019, 53.0% were SGLG recipients.

60. The LGUs have an average of 74.5 male and 83.5 female regular employees. Of which, an average of 1.3 male and 6.6 females were assigned to the implementation of SFP Cycle 8. Some LGUs lacked the needed equipment for SFP. Computers are useful in managing the database of children beneficiaries. However, the survey found that around three in ten (28.7%) LGUs had no desktop for SFP, while four in ten (43.1%) had no laptop for the program. Internet connection, which is important for communication purposes, is not available in four out of ten (42.0%) LGUs. In terms of equipment used to measure the nutritional status of children beneficiaries, two in ten (20.4%) LGUs had no weighing scale. Similarly, two in ten (23.2%) had no height measuring tool.

4.2 Data Related to the OECD-DAC Evaluation Criteria

61. The survey of SFP Focal Persons in LGUs was structured to collect information on the perception and self-assessment of the respondents on how the implementation of the SFP Cycle 8 fared in terms of the six OECD-DAC Evaluation Criteria, to wit: Relevance, Coherence, Effectiveness, Efficiency, Potential Impact and Sustainability. The following subsections provide a descriptive analysis of the survey results which contributes to addressing the Key Evaluation Questions under each of the criteria of evaluation.

62. The results of the Focus Group Discussions (FGDs) among various program implementers and stakeholders were also processed to support and qualify the survey results. Further, the FGD

proceedings provided inputs to the identification of factors that facilitated or hindered the implementation of the SFP Cycle 8 which are laid out in the latter part of this section.

4.2.1 Relevance

63. The majority (52%) of survey respondents expressed that the objectives of the SFP Cycle 8 were valid to a very large extent in their respective localities. Around seven in ten (69%) of them perceived that the program's contribution to the reduction of malnutrition rate was highly relevant.

4.2.2 Coherence

64. Most (82%) of the respondents said that their city/municipality collaborated with internal and external partners in implementing SFP Cycle 8. Subsequently, the majority of those who collaborated with internal and external partners identified the Department of Health (DOH) (83%) and DSWD National Program Management Office (NPMO) (81%) as their partners. Meanwhile, only 9% of the respondents said that they collaborated with development partners in implementing the SFP Cycle 8.

65. The frequency of conduct of meetings varied among the identified internal and external partners of the respondents. In six out of nine identified partners (Department of Education [DepEd], Department of Agriculture – National Meat Inspection Service [DA-NMIS], National Food Authority [NFA], cooperatives, development partners, and private organizations), the respondents answered "sometimes" as the frequency of conduct of meetings with the partners.

66. The respondents reported that they included their identified partners' contributions and assistance in their respective office reports to a moderate extent. This was the case for all identified partners except for DSWD NPMO, which the respondents said that they included the agency's contributions and assistance to a large extent in their reports.

4.2.3 Effectiveness

67. The respondents positively acknowledged the extent to which SFP Cycle 8 contributed to the improvement of nutritional status of the child. Majority (51%) responded "very large extent" while 41% answered "large extent." The respondents generally gave positive feedback on the effectiveness of sessions in improving the participants' KAP on nutrition and health. Majority (57%) of them said the sessions are highly effective and 34% said that the sessions are moderately effective. All of the respondents affirmed the contribution of SFP Cycle 8 both to the improvement of children's knowledge, attitude and practices on nutrition and health. In the improvement of children's knowledge on nutrition and health, half (50%) of the respondents said that the program contributed to a large extent. Almost half (49%) of the respondents said that SFP Cycle 8 contributed to a large extent in the improvement of children's attitude and practices on nutrition

and health. Similar percentage expressed a large extent of contribution of the program to the parents' knowledge (48%), attitude (47%), and practices (46%) on nutrition and health.

68. In terms of delivering the program outputs, 45% of the respondents said that children participate to a large extent in health/nutrition education sessions. On the other hand, 51% of the respondents said that children beneficiaries participate to a very large extent in the conduct of the feeding sessions. Generally, the beneficiaries were satisfied with the food served in the program based on the assessment of LGUs. Majority (61%) of them rated the food provided in the SFP Cycle 8 as good in terms of adequacy, 58% rated the same in terms of appropriateness, while 60% rated the food served as very good in terms of quality. Most (70%) of them said that children beneficiaries were highly satisfied with the hot meals served. Meanwhile, 39% of the respondents said that parents participate in Parent Effectiveness Sessions (PES) to a large extent. About half (46%) of them said that parents and caregivers participate to a very large extent in preparing the snacks/meals given in SFP Cycle 8. Also, 40% of the respondents said that parents attended nine or more SFP Cycle 8 PES in their city/municipality. When it comes to the satisfaction on the training sessions received, the majority of the respondents expressed that both parents (53%) and children (54%) beneficiaries were highly satisfied.

69. Though attendance to CDC/SNP is not among the intended outputs of the program, the majority (55%) of the respondents said that the SFP Cycle 8 contributed to the improvement of children's CDC attendance to a very large extent. Based on the assessment of the respondents, 28% said that the SFP Cycle 8 contributed to the improvement of children's SNP attendance to a large extent. In contrast, 27% of them said that the SFP Cycle 8 did not contribute at all to the improvement of children's SNP attendance.

70. For each stage of the implementation processes of SFP, the respondents were asked about their level of agreement on particular statements. On targeting and strategic planning, almost half (45%) of the respondents strongly agreed that all target beneficiaries in the initial master list were included in the General Appropriations Act (GAA) budget. A great majority (64%) of the respondents strongly agreed that all target beneficiaries in the LGU were covered by the SFP during its 8th cycle implementation. Majority (58%) of the respondents strongly agreed that the Memorandum of Agreement (MOA) between the LGU and DSWD was signed and completed by the 1st quarter of the year. While, almost half (48%) of the respondents moderately or strongly agreed that their LGU opened a bank account solely for SFP. A few (19%), however, said that such process is not applicable to them. In terms of identifying the beneficiaries, most (72%) of the respondents moderately or strongly agreed that there was no variance between the initial and final master list of beneficiaries.

71. When it comes to fund management, a great majority (63%) of the respondents strongly agreed that they properly conducted the procurement of goods based on legal standards. Majority (52%) of them moderately or strongly agreed that their LGU procured supplies and goods for SFP before June of the implementing year. Most (69%) of the respondents moderately or strongly agreed that at least 30% of the food supplies were procured from poor local farmers within the community.

72. In terms of the social preparation stage, three in four (75%) respondents strongly agreed that all children beneficiaries were dewormed before the start of the 120-day feeding sessions. Similarly, about three in four (74%) respondents strongly agreed that all children beneficiaries were supplemented with Vitamin A prior to the conduct of feeding sessions. Almost all (98%) of them strongly agreed that all children beneficiaries' height and weight were measured before the conduct of feeding sessions. Also, about nine in ten (89%) respondents moderately or strongly agreed that CDCs and SNPs within their LGU conducted at least one PES before the start of feeding sessions. Most (77%) of the respondents strongly agreed that CDCs and SNPs successfully organized a parent group before the start of the 120 day feeding session. About half (45%) of them strongly agreed that CDCs were able to conduct nine PES. While the majority (56%) of the respondents strongly agreed that CDCs were able to conduct PES on health and nutrition modules. Similarly, the majority (53%) of them strongly agreed that CDCs were able to conduct PES on family and parenting.

73. The feeding is among the most important stages of the program. Most (71%) of the respondents strongly agreed that the city/municipality received from DSWD the cycle menu reflecting 1/3 RENI per meal. Majority (66%) of them strongly agreed that the city/municipality distributed the cycle menu with adjustments to all CDCs and SNPs. While 62% strongly agreed that they distributed the adjusted cycle menu reflecting 1/3 RENI to all CDCs and SNPs. Also, 64% of the respondents strongly agreed that parent groups always prepared the supplementary food equivalent to 1/3 RENI. Majority (58%) of the respondents strongly agreed that portioning of served food was equivalent to 1/3 RENI. About half (49%) of the respondents strongly agreed that rice served during feeding was always iron fortified.

74. Most (88%) of the respondents strongly agreed that children beneficiaries washed their hands with soap before every feeding session. Similarly, 86% expressed the same about children beneficiaries washing their hands with soap after every session. Most (88%) of the respondents strongly agreed that children beneficiaries prayed before every SFP meal. Similarly, 73% expressed the same about children beneficiaries praying after meal. Also, 72% of the respondents strongly agreed that children beneficiaries brushed their teeth after every SFP meal.

75. Regular monitoring of the progression of the program beneficiaries is necessary. Most (82%) of the respondents strongly agreed that the children beneficiaries' height and weight were monitored as required based on standards. Half (50%) of the respondents strongly agreed that supervision of feeding sessions in the CDCs was conducted once a week. Majority (55%) of the respondents strongly agreed that DSWD was able to conduct a monitoring visit in the city/municipality. Majority (52%) of the respondents strongly agreed that data/information on beneficiaries was disaggregated based on required disaggregation. Six in ten (61%) respondents strongly agreed that their LGU received technical assistance from the DSWD-FO. Almost half (47%) of the respondents strongly agreed that there were other children who received supplementary feeding.

76. During the planning process and actual implementation of SFP Cycle 8, majority of the respondents considered to a very large extent the children beneficiaries' sex and nutritional status.

However, less than half of them integrated the children's location, religion, family income, ethnicity, disability and critical illness.

4.2.4 Efficiency

77. Seven in ten (70%) respondents moderately and strongly agreed that there could have been more efficient ways to implement the SFP. Nevertheless, many of them believed that various processes and structures within their LGU were already established to support the implementation of the program. In particular, more than 40% of the respondents consistently answered that the guidelines and policies, SFP Operations Manual, nutritional status database, profiling of beneficiaries, monitoring and evaluation system, coordination mechanisms, time management, capacity building plan, and physical and financial plan were established to a large extent.

78. In terms of fund management, eight in ten (80%) respondents strongly agreed that the fund for SFP Cycle 8 implementation was well-managed. Majority (52%) of them strongly agreed that they received the program fund from DSWD in a timely manner. About three in four (74%) of the respondents reported affirmatively on the efficient procurement of goods and utensils. Very few reported existence of liquidation issues or audit findings. However, the majority (51%) of them believed that there are other ways or approaches to achieve the results of SFP with less funds.

79. When it comes to human resources, majority of the respondents affirmed that the number of personnel dedicated for the SFP was sufficient. In particular, 64% of them moderately or strongly agreed that the number of DSWD staff allocated for the program was sufficient, while 68% of them responded in the same manner for the number of LGU staff allocated. The capacity of which was sufficient to a large or very large extent according to a majority (62%) of respondents. At least 65% of the respondents also reported that the number of volunteers, parents, CDC workers and health workers involved in the program were sufficient. Meanwhile, almost half of the respondents thought that the number of partners (48%) and suppliers (47%) were not sufficient.

80. With regards to time management, 88% of the respondents affirmed that the allotted time for SFP Cycle 8 was managed and coordinated efficiently. Most (72%) of them reported that time management was established in their LGU to a large or very large extent. About half of the respondents, though, thought that there are other ways or approaches to achieve the results of the program with less time.

4.2.5 Potential Impact

81. The average malnutrition rate among children beneficiaries in CDCs and SNPs after the implementation of SFP Cycle 8 decreased to 8% from the baseline value of 13%. Though this 5-percentage point decrease is only reflective of the children beneficiaries in the CDCs and SNPs of the selected LGUs who responded to the survey. Breaking down the computed baseline malnutrition rate per region, respondent LGUs from MIMAROPA posted the highest average

malnutrition rate across its CDCs and SNPs at 22%, while Region XI had the lowest at 6%. Consistently, the same regions had the highest and lowest average malnutrition rates after the implementation of SFP cycle 8 at 13% and 1%, respectively. Meanwhile, the National Capital Region had the most improved malnutrition rate with an average of 10-percentage point decrease.

4.2.6 Sustainability

82. Nine in ten (91%) of the respondents expressed that it is likely or highly likely that the positive effects of the SFP Cycle 8 will be sustained. Half of the respondents believed that the parents were only a little or somewhat capacitated to provide the primary nutritional needs of their children prior to their participation in the program. But most (87%) of the respondents claimed that the parents were much or very much capacitated after their participation in the program. Moreover, the majority of the respondents reported that the sustainability or post-feeding plan and mechanisms in synergy with national government agencies, as well as monitoring and evaluation mechanisms for post-implementation of the program, were established in their LGU to a large or very large extent. However, only two in ten (20%) of the respondents were confident that their respective LGUs have the capacity to implement future cycles of SFP without fund support from DSWD. Similarly, only three in ten (30%) of them asserted their capacity to continue implementing the program without the technical assistance from DSWD.

5 FINDINGS

5.1 Quality of Theory of Change

83. The Theory of Change (TOC) is an essential element of Results-Based Monitoring and Evaluation. It provides a logical framework that explains how the activities undertaken by an intervention contribute to a chain of results that lead to the intended or observed impacts. This subsection discusses the findings of the research team in evaluating the quality of the SFP's TOC in terms of relevance and coherence. In particular, the ensuing discussions try to elaborate about the extent to which the SFP's objectives and design respond to its beneficiaries' needs, and the compatibility of SFP with other similar interventions.

84. LGU SFP Focal Persons who responded to the survey acknowledged the relevance of the program as it continues to contribute in addressing malnutrition. Likewise, it also contributed to the improvement of children's intellectual and learning capacity. However, the basic causes of malnutrition, which are at the societal level, can be considered as concerns that are untouched by SFP. Despite the supplementary meals served to children beneficiaries and training sessions on nutrition and health, it would be difficult for a poor household to support and sustain the intended program outcome if it lacks the resources to consistently provide adequate and nutritious food to its members. The inadequacy of resources (financial, human, physical, social and natural capital) may be outside the scope of the program but are necessary gaps that need to be addressed in collaboration with other programs of DSWD, national government agencies, and civil society organizations. Implementers and beneficiaries, alike, particularly those who participated in FGDs greatly perceived SFP as a necessary program in their communities. The general sentiment of the participants was for the program to continue, as they see it necessary for their children's well-being.

85. Coherence has the lowest average summary score compared to other KEQs. Most LGU SFP Focal Persons who responded to the survey collaborated with internal and external partners in implementing SFP Cycle 8 such as with the DSWD-Program Management Offices (DSWD-PMOs) and the Department of Health (DOH). Only and less than half collaborated with the other external partners. Nevertheless, SFP can be considered coherent with most of the best practices done by other similar nutrition programs.

5.1.1 Relevance

86. It is undeniable that the problem of malnutrition has been valid across nations, including the Philippines, for decades. The Philippine Government has been implementing an array of nutrition-specific programs, one of which is the SFP, to address the problem. The SFP is specifically targeting under five children in CDCs and SNP, but not all under five children are participating in such centers. Nevertheless, LGU SFP Focal Persons who responded to the survey acknowledged

the relevance of the program with an average summary score of 13 out of 15⁹. Parents and CDC workers who participated in FGDs, alike, concur that the program is relevant in their respective communities.

5.1.1.1 To what extent is the problem that the SFP is trying to address valid?

87. Malnutrition and hunger have been a prevalent problem faced by various nations across generations. Globally, several countries have recognized the extent of this problem such that it has long been part of the development agenda for member states of the United Nations (UN). One of the eight desired goals of the Millennium Development Goals (MDGs), established by the UN in 2000, was to eradicate extreme poverty and hunger. Among the indicators under the target to “halve, between 1990 and 2015, the proportion of people who suffer from hunger”, was the prevalence of underweight children under five years of age using Child Growth Standards (CGS). The Philippines failed to achieve this target given that from the baseline value of 26.5% in 1992, the prevalence of underweight children under 5 years of age in 2015 decreased by only 5% instead of 13%¹⁰.

88. Recognizing that malnutrition and hunger remain prevalent in several developing countries upon the conclusion of the MDGs in 2015, an expanded and more comprehensive development agenda was formulated- the Sustainable Development Goals (SDGs). An indicator similar to that in the MDGs was identified under the goal of zero hunger with the target that, “by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”. Though the prevalence of malnutrition for children under five years within two standard deviations from the median of the World Health Organization (WHO) CGS for wasting decreased from the baseline value of 7.1% in 2015 to 5.6% after three years, the measure of the same indicator for overweight increased from 3.9% in 2015 to 4.0% in 2018¹¹.

89. The Philippine Government acknowledges the problem of undernutrition among Filipino children, hence the passage of the Republic Act No. 11037 or the “Masustansyang Pagkain para sa Batang Pilipino Act” in 2017¹². The SFP, which is especially targeted for children under five years of age, is among the components of the National Feeding Program stipulated in the law. It is also a part of the National Dietary Supplementation Program under PPAN 2017-2022¹³.

⁹ The average summary score for relevance was derived from the answers of survey respondents in items related to relevance. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 3 to as high as 15, with a perfect score of 15.

¹⁰ <https://psa.gov.ph/mdgs-main/mdg-watch>

¹¹ <https://psa.gov.ph/sdg/Philippines/baselinedata/2%20Zero%20Hunger>

¹² https://www.lawphil.net/statutes/repacts/ra2018/ra_11037_2018.html

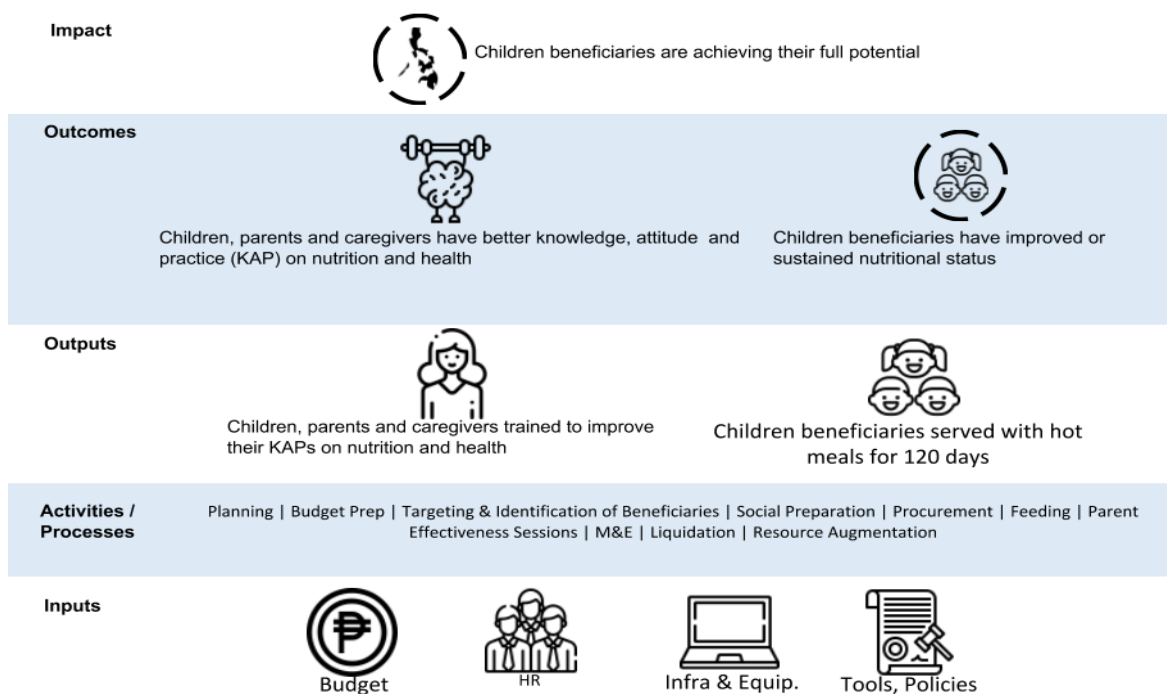
¹³ https://www.nutritionintl.org/content/user_files/2017/10/final_PPAN2017_2022Executive-Summary-3.pdf

90. SFP Focal Persons in LGUs also recognize the importance of the program noting that the majority (52%) of the survey respondents expressed that the objectives of the SFP Cycle 8 are valid to a very large extent in their respective city/municipality. The result of the FGD with CDC workers concur with this observation, with some participants acknowledging the cases of stunting and malnutrition among children within their community. Even parent beneficiaries stated the fact that families with low income are not able to afford to feed their children properly, which might have contributed to the poor nutritional status of their children of poor families.

5.1.1.2 To what extent is the SFP's ToC sound?

91. The SFP follows the program logic illustrated in Figure 4 that the impact that children beneficiaries are achieving their full potential will be achieved through the delivery of two outcomes: (1) improved knowledge, attitudes and practices (KAPs) on nutrition and health of children, parents and caregivers; and (2) improved or sustained nutritional status of children beneficiaries. These outcomes will be attained by delivering the following outputs: (1) children, parents and caregivers trained to improve their KAPs on nutrition and health; and (2) children beneficiaries served with hot meals for 120 days. These outputs will be produced through various activities which include planning, budget preparation, targeting and identification of beneficiaries, social preparation, procurement of goods and supplies, feeding, conduct of Parent Effectiveness Sessions (PES), monitoring and evaluation, liquidation of funds, and resource augmentation. All these processes require necessary inputs such as budget, human resources, infrastructure and equipment, tools, and policies.

Figure 4. SFP Program Logic



92. Participating parent beneficiaries in the FGDs reported a significant improvement in their children's intellectual and learning capacity because of the nutrients they get from SFP. This is in line with the program's theory of change, implying that the program outputs contribute to the intended outcomes and desired impact.

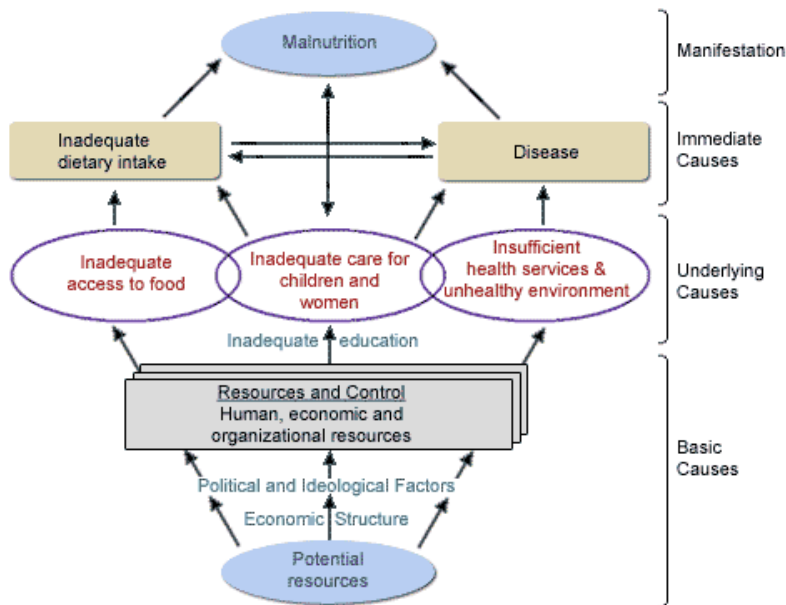
93. Effective realization of the SFP's program logic, however, is subject to the a number of assumptions, among which include the following:

- a. On the outcome that children, parents and caregivers have better KAPs on nutrition and health:
 - The training provided contain necessary information on nutrition and health
 - The information conveyed is appropriate and sensitive to the characteristics and culture of the children, parents, and caregivers
 - The information imparted are retained and applied by the children, parents, and caregivers in their daily lives
- b. On the outcome that children beneficiaries have improved or sustained nutritional status:
 - The food served contain the necessary nutrients and calorie content (i.e., $\frac{1}{3}$ RENI)
 - The children are regularly attending CDC classes where they are served with hot meals
 - The meals consumed by children apart from those from the feeding sessions are nutritious and sufficient

5.1.1.3 To what extent are the activities and outputs necessary and sufficient to deliver the intended outcomes and impacts?

94. The identified SFP outcomes or the intended results of the program closely contribute to the reduction of the prevalence of malnutrition among children. According to the Conceptual Framework of Malnutrition developed by UNICEF (Figure 5), the manifestation of malnutrition has different levels of causes.

Figure 5. Conceptual Framework of Malnutrition¹⁴



95. Both immediate and underlying causes of malnutrition are directly and indirectly addressed by the activities and outputs of SFP. The supplemental hot meals served for 120 days ease the problem on inadequate access to food. The conduct of PES, on the other hand, deals with the inadequate care for children and women, brought about by lack of education. Meanwhile, the deworming and vitamin A supplementation components of social preparation somehow address insufficient health services and unhealthy environment which may lead to diseases and infections.

96. However, the basic causes of malnutrition, which are at the societal level, can be considered as concerns that are untouched by SFP. Despite the supplementary meals served to children beneficiaries and training sessions on nutrition and health, it would be difficult for a poor household to support and sustain the intended program outcome if it lacks the resources to consistently provide adequate and nutritious food to its members. The inadequacy of resources (financial, human, physical, social and natural capital) may be outside the scope of the program but are necessary gaps that need to be addressed in collaboration with other programs of DSWD, national government agencies, and civil society organizations.

97. Even the DSWD Undersecretary for Special Concerns stated that interacting factors contribute to the malnourishment of children (e.g., quality of care, access to health services, and environment). Feeding is not enough and a holistic approach is required for programs addressing malnutrition to be relevant.

¹⁴ <https://www.unicef.org/sowc98/fig5.htm>

5.1.1.4 To what extent is the SFP expected to contribute to the implementation of national strategies / achievement of DSWD's organizational objectives?

98. The SFP is among the nutrition-specific programs that support the Philippine Plan of Action for Nutrition 2017-2022. Under the National Dietary Supplementation Program, the supplementary feeding of children under five years is the responsibility of DSWD, together with LGUs, NGOs, development partners, and NNC¹⁵.

99. The bulk of covered beneficiaries of SFP are those children enrolled in CDCs. However, according to UNICEF, only 20% of children aged three to four years old were enrolled in pre-school in 2009. Some parents opted not to enrol their children in CDCs because they believed that their children were too young to go to school and that the location of centers are far from their homes¹⁶. Compulsory education starts in Kindergarten for five-year old children as stipulated in the Implementing Rules and Regulations of RA. No. 10533 or the Enhanced Basic Education Act of 2013¹⁷. Hence, the contribution of SFP to the national strategy against malnutrition is limited given the low early childhood care and development participation rate.

100. Nevertheless, both implementers and beneficiaries acknowledged the relevant contribution of SFP in fighting against malnutrition within their communities. Seven in ten (69%) SFP Focal Persons in LGUs who responded to the survey perceived that the SFP's contribution to the reduction of malnutrition rate was highly relevant. Similarly, parent beneficiaries who took part of the FGDs widely perceived SFP to contribute to health and wellbeing of children. They expressed their appreciation of the program and its contribution to their children's well-being.

5.1.1.5 To what extent is the SFP necessary?

101. Though certain LGUs, together with their respective Local Nutrition Councils, implement their own feeding program for their children constituents, the SFP is the most distinguished feeding program for children under five years of age with a nationwide scale and substantial funding. It is the only nutrition-specific program identified as a component of the National Dietary Supplementation Program of the Government specifically for children aged two to four years old. It complements other supplementary feeding programs led by DOH for pregnant women and children below the age of two, as well as that of DepEd for school children.

102. Implementers and beneficiaries, alike, particularly those who participated in FGDs greatly perceived SFP as a necessary program in their communities. SFP Focal Persons in LGUs noted that SFP complements local nutrition programs of the LGU. One LGU said that SFP budget is more generously appropriated compared to local nutrition programs, therefore LGU cannot achieve the same improvements in nutrition without SFP. Parent beneficiaries, as well, were appreciative of the program. Their general sentiment was for the program to continue, as they see it necessary

¹⁵

https://www.nnc.gov.ph/phocadownloadpap/PPAN/18Sept_PPAN2017_2022Executive%20Summary.pdf (pg. 15)

¹⁶ <https://newsinfo.inquirer.net/1107350/children-not-enrolled-in-pre-school-face-inequalities-early-in-life>

¹⁷ <https://www.officialgazette.gov.ph/2013/09/04/irr-republic-act-no-10533/>

for their children's well-being. Other parents also acknowledged how SFP somehow alleviates their burden in budgeting their limited resources to feed their children.

5.1.2 Coherence

103. Though most LGU SFP Focal Persons who responded to the survey collaborated with internal and external partners in implementing SFP Cycle 8, the average summary score for coherence was only 32 out of 90¹⁸ noting that most LGUs partnered with the DSWD-Program Management Offices (DSWD-PMOs) and the Department of Health (DOH) only and less than half collaborated with the other external partners. Nevertheless, SFP can be considered coherent with most of the best practices done by other similar nutrition programs.

5.1.2.1 To what extent is the SFP maximizing synergies with other programs of DSWD?

104. Based on the Amended Omnibus Guidelines on the Implementation of SFP (DSWD Administrative Order No. 04, series of 2016¹⁹), the program was designed to foster partnerships among various implementing units. Among which were DSWD Field Offices, including the counterpart in BARMM, LGUs, Day Care Workers, Parent Groups, NGOs, and legislators. The first four implementing partners were expected to closely collaborate with the DSWD Central Office on the implementation of the SFP for target children beneficiaries belonging to the age group 2 to 5 years old in SNP or CDC, while the last two implementing partners were assigned in the implementation of the program for malnourished children of 5 to 12 years of age outside CDC. The results of the survey with SFP Focal Persons in LGUs indicate that most (82%) of them collaborated with internal and external partners in implementing SFP Cycle 8.

105. There was no direct instruction in the Omnibus Guidelines about collaboration with other programs of DSWD. Nonetheless, 81% of the survey respondents identified DSWD-PMOs as one of their implementing partners. Three in five (60%) LGU respondents said that they frequently (often or always) conducted meetings with DSWD-PMOs. Also, 66% of the respondents expressed that they included the contributions and assistance of the DSWD-PMOs to a large or very large extent. One LGU SFP Focal Person who participated in the FGDs acclaimed that SFP has been working well with DSWD's Pantawid Pamilyang Pilipino Program, noting that the children of Pantawid families, who were required to maintain a class attendance of at least 85% per month, were encouraged to attend school, or in this case CDCs, due to the hot meals served through SFP.

106. Apart from the DSWD-PMOs, LGUs also collaborated with various external partners in implementing the SFP Cycle 8. Among the national government agencies, DOH was identified by most (83%) LGU respondents, while DA-NMIS was identified by almost half (45%) of them. FGD participants highlighted the contribution of DOH through the provision of vitamins to severely

¹⁸ The average summary score for coherence was derived from the answers of survey respondents in items related to coherence. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 18 to as high as 72, with a perfect score of 90.

¹⁹ https://www.dswd.gov.ph/issuances/AOs/AO_2016-004.pdf

underweight children. Many (43%) survey respondents identified NFA as a partner as well, while some (35%) had collaborations with DepEd. Among other external partners, NGOs were identified by some (29%), private organizations by a few (19%), and cooperatives by a very few (11%). FGD participants highlighted the contribution of NGOs through the provision of training sessions and assistance to CDCs in remote areas. Meanwhile, only 9% of the survey respondents said that they collaborated with development partners in implementing the SFP Cycle 8. FGD participants appreciated the support of development partners through infrastructure development.

107. There were significant synergies within the LGUs that were mentioned in the FGDs with CDC workers and SFP Focal Persons. Among the benefits to the children beneficiaries of the internal collaboration among LGU offices were additional meal budget, provision of school supplies, vaccination, and other health services. CDCs benefitted as well through the provision of kitchen appliances (e.g., gas stove, refrigerator and chest freezer), hygiene kits, venue for activities, and transportation allowance.

5.1.2.2 To what extent is the SFP consistent with similar best practice programs implemented by local and international organizations?

108. Among the best practices implemented in nutrition programs of other local implementing units include proactive leadership and governance, and innovations on resource mobilization.

109. Like in any other program implemented by LGUs, the role of the Local Chief Executives (LCEs) as enablers and the program managers, including field workers, as implementers are detrimental to fruitful implementation of the program. In the experience of LGUs in the implementation of the First 1000 Days (F1KD) Program, the appreciation and support of the LCEs motivated the program managers and field workers to perform well²⁰. In the same way, the FGD participants highlighted the support of the LCE in the activities for SFP, provided that the LCE was briefed and updated about the program.

110. In general, programs aimed to combat hunger and malnutrition have lacked funding resources, both at the national and especially at the local levels²¹. This pushes the program implementers to undertake innovations to identify additional resources and facilitate resource mobilization to augment for their funding for nutrition programs. Some good practices cited in the Compendium of Actions for Nutrition (CAN)²² include LGUs which engage constituents to participate in fundraising initiatives such as selling of handicrafts and recyclables, putting up community gardens, building emergency savings, and conducting donation drives, among others. Community gardening is among the most strategic initiatives to support constant and convenient sources of food for the implementation of complementary and supplementary feeding programs, particularly for the F1KD Program. Similarly, putting up backyard and community gardens were a common experience for SFP. Most FGD participants from different groups (LGU SFP Focal Persons,

²⁰ <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1929.pdf> (pgs. 20 and 43)

²¹ <https://docs.wfp.org/api/documents/WFP-0000015508/download/> (pg. 50)

²² <https://www.nnc.gov.ph/downloads/category/121-2018-compendium-of-actions-on-nutrition> (pg. 28)

CDC workers, and parents) underscored the usefulness of such innovation to augment supplies for the SFP, especially when the budget is limited or delayed.

111. Meanwhile, most good practices of the DepEd's School-Based Feeding Program (SBFP), which was found to be generally "well-managed" by the Philippine Institute for Development Studies (PIDS) in its process evaluation of the program in 2015²³, is consistent with that of SFP. The implementation of the SBFP includes an orientation of school heads and other school personnel, engagement with parents in the orientation and preparation of food, conduct of complementary activities such as deworming and Gulayan sa Paaralan Program (GPP), and setting up of a prioritization system to ensure that only target beneficiaries are served with hot meals. In the same way, the implementation of SFP also includes orientation of LGU staff, CDC workers, and parents, organization of parent groups, deworming, and setting up of community gardens. However, SFP covers all children participating in CDCs and SNP, regardless of nutritional status, unlike SBFP which targeted only severely wasted and wasted school children. It was observed that overweight children are also included in the roster of SFP beneficiaries.

5.2 Quality of Implementation

112. According to Wright (2014), programs oftentimes fail to reach desired outcomes in the "real-world" because these programs are simply not implemented with quality. Process evaluation focuses on the implementation process and answers the question of how well the program is being implemented. This subsection discusses the findings of the research team in evaluating SFP's quality of implementation in terms of effectiveness, efficiency, potential impact and sustainability.

113. It can be noticed in the evaluation matrix summary that there are several indicators assigned to measure the effectiveness of SFP. It is divided into three sections which are effectiveness in delivering outcomes, effectiveness in delivering outputs and effectiveness of LGUs in implementing the program. Through survey, FGDs and KIIs, SFP Cycle 8 is seen to be effective in delivering the outcomes which are the improved/sustained nutritional status of children beneficiaries and improved KAP on nutrition and health of children, parents and caregivers. Nonetheless, it should be noted that the data for nutritional status will still be validated as there are some inconsistencies in the data provided by LGUs. While there are several positive feedbacks in terms of improved KAP on nutrition on health, there is no existing tool to measure this outcome. The program is also perceived to deliver the intended outputs such as children served with hot meals for 120 days and training sessions to improve KAP. While the first indicator has complete and accurate data in the LGU and regional level, there is no existing consolidated data for the training sessions conducted such as PES. Based on the guidelines, parents should attend/participate in at least nine (9) PES for SFP. In terms of LGU implemeneting SFP, issues related to targeting and identification of beneficiaries, fund management and feeding were raised.

²³ <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidspn1501.pdf>

114. According to survey respondents, the program is efficient in terms of human and financial resources and time management. Nevertheless, lack of staff in the regional and LGU level is seen to affect the efficiency of the program. This is also true for the financial resources wherein parents and LGUs have to augment to support the smooth implementation of SFP. For time management, the period to comply with liquidation reports is seen to also affect efficiency as this will have an implication for the implementation of the next cycles.

115. Potential impact in terms of addressing malnutrition in the country is also generated from surveys, FGDs and KIIs. The participants understands that SFP is just one component to combat malnutrition and at least for the 8th cycle, majority of children beneficiaries improved their nutritional status. The key informants from the DSWD CO acknowledge that there is so much more to be done to realize the impact of the program in the national level.

116. One of the highlights seen in sustaining the program was the existence of community and backyard gardens. This alleviated situations when existing allocations could not meet the present needs. Data from the survey and FGD also support that beneficiaries were capacitated to be able to sustain the benefits of the SFP.

5.2.1 Effectiveness

117. Measuring the effectiveness of SFP requires several indicators to assess how well it is in achieving its objectives. For this study, effectiveness was measured based on the delivery of outcomes and outputs as well the extent to which LGUs can effectively implement the program. LGU respondents believe that the program is effective in delivering outcomes with an average summary score of 35 out of 40²⁴. In terms of delivering the outputs, they also acknowledge the effectiveness of the program to which they scored an average of 44 out of 50²⁵. This is also the same with the effectiveness of LGU in implementing the program with an average summary score of 147 out of 165²⁶. Based on the result, the average scores of the first two (2) indicators are reflected on the narratives gathered in FGDs and KIIs. Though the average score for the third indicator is high, issues related to targeting and identification of beneficiaries, fund management and feeding were surfaced.

²⁴ The average summary score for effectiveness in outcome was derived from the answers of survey respondents in items related to effectiveness in outcome. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 24 to as high as 40, with a perfect score of 40.

²⁵ The average summary score for effectiveness in output was derived from the answers of survey respondents in items related to effectiveness in output. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 29 to as high as 50, with a perfect score of 50.

²⁶ The average summary score for effectiveness of LGU was derived from the answers of survey respondents in items related to effectiveness of LGU. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 103 to as high as 165, with a perfect score of 165.

5.2.1.1 To what extent is the SFP effective in delivering outcomes?

5.2.1.1.1 Improved/sustained nutritional status of children beneficiaries

118. In the 8th cycle implementation of SFP, PMB reported 109,889 (76.95%) total number of children served with improved weight. This comprises 81.99% improvement from SUW to UW, 76.02% improvement from UW to normal and 28.43% OW to normal. This is also true for the LGU respondents who reported a significant decrease in the average malnutrition rate after the feeding sessions in cycle 8.

"During the reporting namin [sa FOs] nagkaroon po talaga kami ng increase sa normal at 'yung mga malnuourish children namin ay naging normal. Ang ano po namin talagang effective kasi sa aming report ay nagkaroon talaga ng increase 'yung mga underweight children namin." - Female participant, NCR

119. One of the tasks performed in SFP is monitoring children's height and weight before, during, and after the feeding program. With this, progress was detected in children beneficiaries' nutritional status and health. With the help of Barangay health workers (BHW) and Barangay Nutrition Scholars (BNS), children were dewormed before the start of the program and provided with vitamins during the feeding period. By following these steps, daycare workers could ensure that the children beneficiaries are getting the nutrition their bodies need, as well as see progress in their nutritional status and health.

120. Majority of the FGD respondents have also noted how effective SFP is in improving and sustaining the health and well-being of children beneficiaries. According to one respondent, their local government is very thankful that there's a noticeable reduction of malnutrition rate in their municipalities. One respondent also expressed how SFP contributed to the improvement in the nutritional status of children beneficiaries from remote and geographically isolated and disadvantaged areas (GIDA).

"Ang malnutrition rate ay bumaba. At the end of cycle 8, naging zero na ang malnutrition rate dito sa municipality namin." - Female participant, Region II

121. For the parent beneficiaries, they as well observed and documented significant improvements in the health status of their children. As parents mostly relied on the physical changes, which understandably are the immediate and visible, parents view this as largely contributed by the feeding sessions. As an apparent indicator, this speaks of the effectiveness of the program, at least with respect to improving nutritional status of children. The parents overall highlighted how the program helped their children gain weight and improve health particularly in terms of susceptibility to sickness. Children also became familiar with the tastes and appearances of vegetables which helped them in eating healthy food.

"Ang napapansin ko po sa anak ko, syempre po tumataas ang timbang kasi sa classroom namin kapag mag-recess wala nang ibang ipapakain, 'yung feeding namin talaga. Bawal na sa amin 'yung magbabaon ng tinapay o ano pa. So kapag magstart na ang supplemental feeding namin, isa sa

rules ng aming teacher na 'yun na talaga ang ginagawang recess ng mga bata. Sa health naman, malaki ang naitutulong kasi walang sakit ang mga bata. Kasi sakto ang pagbibigay ng pagkain ng may nutrients." - Female participant, Region XI

122. However, some daycare workers acknowledged that weight is only one of the many indicators of improved nutritional status. While increase in weight could be attributed to the program, they noted that there are other contributing factors for child nutrition.

"Maliban na lang sa batang ayaw kumain ng gulay. Pero ano ma'am talaga. Isa lang sa na-experience namin. Sa ano ba sa kwan ang timbang ang bata hindi nag increase. Maliban na lang kung may sakit siya nag baba 'yung weighing nya." - Female participant, Region X

5.2.1.1.2 Improved KAP on nutrition and health of children, parents and caregivers

123. Nutrition related knowledge, attitudes, and practices (KAP) of both parents and children are important determinants of nutritional status and are probable contributors to malnutrition (Dorado, 2015). As one of the outcome indicators of SFP, parents and children are both expected to improve their KAP on nutrition and health through intensified nutrition and health education.

124. Majority of the survey and FGD respondents stated that SFP largely contributed to the improvement in KAP of both parent and children beneficiaries. As parents are mostly responsible for their children's eating behaviors and preferences and in creating environments for children that may foster the development of healthy eating, SFP is seen as helpful in making the parents fully committed and involved in the process of making sure that their children eat nutritious food. SFP provided some sort of solution by assisting parents in building healthy eating habits among children as some parents sometimes had difficulties in making their children eat at home. Moreover, parents learned how to prepare healthy meals at home which was related to modeling of eating healthy food. Through activities such as cooking contests and preparing meals in schools, these parents enhanced their cooking skills and learned how to prepare healthy food using the menu. Parents realized that their children should not only be benefiting in eating vegetables in school but this could also be done at home.

"[May] natutunan [kaming] bagong putahe o bagong paraan ng pagluluto dahil doon sa menu."
- Female participant, Region IV-B

125. As for the children, several respondents have noted the skills and knowledge children beneficiaries have learned during the feeding program. These include table setting, table manners, washing their hands before meals, the nutritional value of the food they eat, and brushing their teeth after eating.

5.2.1.2 To what extent is the SFP effective in delivering outputs?

5.2.1.2.1 Children beneficiaries served with hot meals for 120 days

126. Number of children served by the SFP in its 8th cycle implementation registered at 1,785,142 children which is 12% higher than the target of 1,596,251. Both SFP focals from the central and field offices attributed this to the number of children beneficiaries not included in the initial master list but were still provided with hot meals.

127. This was reflected in the survey results wherein more than half of the respondents said that children beneficiaries participate to a very large extent in the conduct of the feeding sessions. Based on the assessment of the LGU SFP focal persons, children beneficiaries were highly satisfied with the served hot meals. Overall, they rated the food provided as good in terms of adequacy, appropriateness and quality.

"Ang naobserbahan ko po ay naging masaya ang mga bata at lagi na nilang inaabangan ang feeding, lalong lalo na sa mga walang baon. Alam na nila na may kakainin sila sa school na masarap. Lalo na po yung nanggagaling sa malalayong bundok na hindi po sila nagbe-breakfast, ine-expect na nila na doon na sila magbe-breakfast. Then may mga SNP din na sumasali. Ina-anticipate na nila na laging pumunta sa center para may pagkain din po." - Female participant, Region II

128. For the parents, meals provided in SFP are healthier alternatives for the children. The most affordable snacks for children are usually filled with empty calories and are high in sugar. The parents appreciate the healthy meals provided to their children. Moreover, the parents' spending on food has decreased.

5.2.1.2.2 Training sessions to improve KAP

129. Based on AO 4, s.2016, parents should be encouraged to complete all the nine (9) Parent Effectiveness Sessions on self, family, parent effectiveness, health and nutrition, etc. to improve or enhance their knowledge, attitude, skills and practices on parenting. The sessions facilitated by the LSWDO or trained staff shall be held at least twice a month, depending on the available time of parents. In the conduct of sessions, the methodologies should be evocative and should involve the maximum participation of the parents.

130. Less than half (40%) of the survey respondents affirmed that parents attended nine or more SFP Cycle 8 Parent Effectiveness Sessions in their city/municipality. In terms of participation, LGUs noted that parents participate in PES to a large extent and also in preparing the snacks/ meals given in SFP Cycle 8. This in turn translated to a satisfaction in training sessions received by parents and children.

131. One daycare worker noted that PES were well planned and conducted as they invited resource persons to discuss specific topics. When the topic was about health, they invited experts such as nutritionists from the health centers. In some regions, dentists, nurses, doctors and priests were also invited. However, daycare workers shared certain strategies to increase the participation of parents.

"Talagang siguro every batch merong mga pasaway pero mga 90% naman po talaga willing naman to attend. Malakas makahatak sa mga magulang yan pag may food talaga. Ginagawa ko na lang din diyang strategy kasi merong mga teachers from high school teacher minsan bibisita satin tapos magkaron sila ng session (on cookies, longganisa, tocino). Isinasabay ko siya dun sa PES para talagang pag uwi ng parents eh kahit papano ay punong puno sila ng kaalaman na magagamit nila sa kanilang mga bahay". – Female participant, NCR

132. Some parents narrated how the PES as a component of SFP was effective insofar as their designs are concerned. There were lessons learned by parents, and also by children when parents echo their learnings. PES were also seen as helpful for parents in teaching them how to deal with children when not in school. As one parent recalled, teachers would always remind them about cleanliness and good values that should be continuously practiced at home.

5.2.1.3 To what extent is the LGU effective in implementing SFP?

5.2.1.3.1 Targeting, Strategic Planning and Identification of Beneficiaries

133. The target beneficiaries for SFP are 2-4 year old children in SNP, 4 year old children enrolled in CDC, 5 year old children not enrolled in the DepEd preschool children but enrolled in CDCs and 5-12 years old malnourished children outside CDC. This was seen to be achieved as almost half of the LGU respondents strongly agreed that all target beneficiaries in the initial master list were included in the GAA budget. Of which, the majority strongly agreed that all target beneficiaries in the LGUs were covered by the SFP during its 8th cycle implementation.

134. In terms of targeting, a key informant noted how SFP helps address inequality in which she highlighted how the design by default targets those most disadvantaged in society. While the law and related policies stringently classified which children are covered under the program, she shared how sometimes CDCs were compelled to extend the program to those children who were not enrolled. Apart from managing the program, she added that there is also a need to manage societal expectations essential to building trust in government institutions and programs.

"The law provides for serving only those severely malnourished. However, it is quite difficult to exclude children ages 2-4 years old who are not malnourished. So you have to manage the emotional interpretation of the children about the program of the government. Some daycare teachers reported that they were compelled to also feed those children who were not enrolled in daycare centers. This is also one of the explanations why we sometimes exceeded the target beneficiaries for the program." – Female key informant, DSWD Central Office

135. The SFP aims to improve/sustain the nutritional status of target children beneficiaries. However, a program staff expressed concern that the targeting of beneficiaries may be problematic, because the program already covers all children in daycare centers, regardless of nutritional status. The weight of children are not actually considered in the initial targeting of the program. For instance, only 28.43% overweight children improved to normal nutritional status in SFP Cycle 8, which is significantly lower compared to SUW and UW children beneficiaries.

“Ang target talaga namin lagi ay 80%. Pero sa lahat ng served beneficiaries, 20% lang talaga dyan ang malnourished.” - Female key informant, DSWD Central Office

5.2.1.3.2 Fund Management

136. Funds were transferred to and managed by the LGUs in the 8th cycle implementation of SFP. Based on the guidelines, the DSWD FOs should transfer 100% of the allocation for the grants to LGUs in one tranche. Most LGU participants from FGD preferred this kind of scheme as it allows them to manage their funds effectively and efficiently. There was a better extent of flexibility noted of the time when SFP funds could still be downloaded to LGUs. This in turn resulted in an uncomplicated process of procurement and liquidation.

137. Modes of procurement used by the LGUs were seen as one of the several issues and gaps encountered in the implementation of SFP in the previous years. Among others, issues in procurement processes also caused delays in the conduct of actual feeding. These implementation gaps served as the foundation for the revision of guidelines, thus, the creation of AO 4 s. 2016.

138. A mix of positive and negative feedbacks with regards to procurement were gathered in this study. For the survey respondents, a great majority strongly agreed that they properly conducted the procurement of goods based on legal standards, which means procurement of rice, non- rice based snacks and viand from the local farmers' organization composed of poor and/or smallholder farmers. This was affirmed by most of the respondents saying that at least 30% of the food supplies were procured from poor local farmers within the community.

139. Some participants shared that procurement of supplies was relatively easier under the fund transfer scheme, and parents or communities were involved better. Comparing the 8th cycle with the more recent cycles of SFP, some participants could not help but underscore the difference it made when bidding and the final selection of suppliers was done at the level of LGUs. They explained that this enabled them to be more flexible not only with respect to the bidding process but also to the actual delivery of expected products or services from the suppliers. They could also control their timetable at their own pace.

“Siguro isa sa mga factor[s] na mas napadali at saka mas napagaan ang implementation ni SF kasi ang bidding at pag choose ng suppliers ay nasa level ng LGU so kahit papano mas napabilis, na-organized nang maayos yung pagkuha, napadali yung pag distribute ng pagkain sa aming mga daycare center kasi nga asikaso siya ng LGU. The delays in distribution of goods really matters, kasi minsan humahabol kami sa deadlines ng implementation. Well kung sa LGU level kahit papano naiimplement namin based doon sa required na date.” - Male participant, Region XII

140. Given how every component or stage of program implementation is interlinked, it was crucial to have each of them done in a timely manner, lest it would have affected the rest. Some LGU participants illustrated this in positive terms when suppliers were from the local community and were able to provide their supplies on time. One of the best practices considered by some LGUs was purchasing supplies from the local cooperatives. This in turn would benefit the local

economy by providing income to the local suppliers. Moreover, good relationship with local suppliers - on time delivery of supply - fresh ingredients- convenient feedback

141. However, there were some instances wherein supply requirements were not met by local competitors so bidding took longer and feeding got delayed. There were cases when the required supplies could not be completely provided by local competitors' right from the bidding process. Some participants said that sometimes the quantity required was too big to some suppliers. So in these times an alternative was sought. To keep goods fresh and have CDC workers avoid unnecessary hassle and expenses from picking up supplies over far distances, LGUs sought internal agreement for cash conversion with suppliers. There has been a growing practice, albeit tagged as not good by the LGU/s concerned themselves, to internally negotiate with suppliers for the goods to be converted into equivalent cash. The main reason, according to them, was to allow the goods or products to be as fresh (and therefore nutritious) as possible, given that many CDC workers did not have refrigerators—or if they have, power outages had not been uncommon. That the CDC workers, moreover, had to travel across large distances, sometimes even charging these trips against their own funds, was secondary but still a significant factor driving such internal agreement with suppliers.

"I know this is not good na practice kaso lang I hope i-consider ito ng central office kasi nga, hindi lahat po ng binababa na tawag diyan... or hindi po lahat ng mga goods is dapat nating ibaba or ibigay sa mga daycare workers. Unang-una mga daycares tayong walang kuryente, wala ring ref. So ang ginagawa po ng LGU or ang initiative po ng LGU is nenegotiate po namin yung supplier na kung pwede iin-cash namin yung goods. Pero, provided we have our receipts na si daycare worker na binili niya talaga yung manok doon kasi nga taga bukid namin doon sir mas fresh pa yung binibigay ng supplier sa amin native pa yung binibili nila." - Male participant, Region XII

142. In some LGUs, cash advances were also used to purchase goods. Cash was given directly to the day care centers wherein the parent leaders would manage the marketing and would ensure getting official receipts from the market. These receipts would serve as attachment in liquidation.

"Cash po yung natatanggap namin. LGU to Barangay treasurer, and Barangay treasurer to Daycare Worker." - Female participant, Region IV-A

143. For the parent beneficiaries, cash provision also allowed for greater flexibility on several levels. One parent went back to the time when what was provided directly to the teachers or at least LGUs is cash instead of goods including perishables. To them this enabled more leeway with respect to managing procurement effectively and efficiently and to ensure observance with deeper aspects otherwise overlooked in ground implementation including religious and other cultural sensitivities (e.g. pork meal as 'haram' for Muslims). One of them recounted in detail:

"Last 2017 o 2018, cash binigay ninyo sa mga nagbudget, sa mga teachers. Alam ng guro kung ano ang dapat at hindi dapat sa mga bata pagdating kung may bata na Adventist, Muslim. Ang guro bibili talaga ng isda. Kung ang bata gusto ninya pakainin ng pork, bilhan niya ang bata ng isda o chicken. So ayan po ang ginagawa ng guro namin, Sir. Gumawa siya ng inisiyatibo ninya." - Female participant, Region 11

144. Despite all the positive feedback about the fund transfer scheme, supplier participants preferred the centralized and/or regionalized bidding. According to them, regionalized procurement is a measure towards greater transparency because it ensures that funds for the program do reach the intended beneficiaries. Some of the participants even shared how the regionalized procurement done by DSWD would help in addressing LGU-level corruption.

"Dati kasi sa LGU mahirapan ka magkuha ng project kasi yung project usually nasa yun mayor nag-dictate kung saan nila gusto ibigay yung project sa bidding. Well, sa region open bid po sya sa lahat, wala pong palakasan system dyan." – Female participant, Region XIII

"Oo, yun last 2019, yan 2018, yan budget sa isang munisipyo is 2.5M, pinadeliver lang sakin ng 1M, yun 1M i-convert to cash. Yung mga bata hindi na nakakakain." – Female participant, Region VII

145. This was supported by a supplier from another region sharing how "negotiations" need to be made with the local chief executive.

"May na-encounter ako experience dito sa isang LGU, yung feeding budget nila is 2.5M, tapos i-negotiate ka sa mayor na i-deliver mo lang 50% na ganun, tapos monetized yun another 50%. So rampant talaga yung corruption, kung, kung i-bidding mo, i-download yung budget sa LGU. Kasi yun mga mayor, palagi yan naghihingi ng percentage. Hindi naman lahat pero mostly." – Male participant, Region XIII

146. The following are some procurement issues mentioned by the suppliers:

- a. **Protracted delays in the processing of payments.** Most of the suppliers who participated are larger businesses that have inter-province operations, so supply continuity is not a challenge. The delays in payment processing affect their businesses. One supplier relates that payments would take between 2 to 4 months to be released. These delays are attributed to the lack of streamlined handling of documents at the LGU level.
- b. **Price fluctuations affect the bottom line of suppliers in times of contingencies.** In situations of contingencies such as disasters or calamities, suppliers noted how the abrupt changes in price levels of goods impact on their financial targets and overall business. These fluctuations seem to be excluded from planning particularly from setting prices of goods and therefore from allocating more accurate budget.
- c. **Repacking in smaller quantities seen as major challenge affecting many suppliers.** Many of the participating suppliers shared a common sentiment around the task of repacking, which according to them is part and parcel of the contracts they entered. They said that it becomes a challenge when repacking is done at a more granular level (e.g. 200 grams per specific product), and when they lack personnel to focus on this specific task.

- d. **Some goods not locally sourced due to unavailability.** A main feature in SFP is that goods are supposedly purchased and supplied from the local sources. However, for a few products there had been constraints to some suppliers, especially when orders are in bulk quantities.
- e. **Immediate replacement of supplies when damaged or deteriorated.** Most supplies were perishables. And when they were delivered across large distances there was really a tendency for them to be damaged, if not entirely deteriorated during the transit. Some suppliers said they expected such circumstances and regarded them as unavoidable, hence they immediately responded at times like that by replacing those damaged or deteriorated supplies with fresh ones.
- f. **Basis for pricing of supplies in bidding unclear to suppliers.** Some suppliers noted how the prices set in bidding calls would appear lacking in basis. There was a sense that they sometimes did not reflect actual market prices or did not consider contingencies that could affect prices in ordinary times. It was recommended that such processes may be revisited.

5.2.1.3.3 Social Preparation

5.2.1.3.3.1 Deworming and Vitamin A supplementation

147. Majority of the survey respondents strongly agreed that children beneficiaries were dewormed and supplemented with vitamin A before the start of the 120-day feeding period. LGUs and daycare workers stated that the provision of vaccines and other health services to the children were effectively done through partnerships and coordination with other government offices in the LGU such as the BHW, BNS and midwives. The support they get from the health offices promotes a more holistic approach in implementing SFP.

“Tsaka po yung sa vitamins yung patak, meron po kami nun, alam na po namin kung sino yung bata na may patak, na hindi pa talaga napapatakan lalo na yung parang lumipat dun, yung mga transcient lang po at tsaka yung sa deworming. So yun po sa mga midwife po ma’am yun. Kasi alam ko din naman po sa ibang bayan din namin si RHU yung mga doctor, yun po dun po kami nakikipag-coordinate, may hinihingi po ako na, eto na po yung pangalan ko 1-80, hihingi po ako ng kay midwife, ma’am deworm na ba ito, may patak po ba ito? Pagka po garintasadong pambata. Pagka po yung mga wala titingnan po nila checheck-upin po at pagka-available na po or ano yun po bibigyan na po namin.” – Female participant, Region III

148. Some LGUs also supported the program by providing additional resources such as food, funding, and other services because of limited/delayed funding from the region. For instance, one participant noted that they would source other funds from the LGU to implement SFP.

“Kung mayroon ngayon underweight samin na yung bahala ididistribute namin sa bawa’t council sa NNOW dinistribute namin yung tao para tutukan yung mga underweight para ma-upgrade yung kalagayan niya. meron po yung SF ng LGU binibigay namin sa kanila especially sa

underweight po ma'am. Buti nga mayron kaming in-augment na pag-augment sa feeding program sa LGU kung medyo delayed yung kasi minsan medyo delayed yung pag-release ng pondo sa region kaya ginamit po namin yung pondo ng LGU. Meron po akong binudget ma'am sa LCPC natin or Local Council for the Protection of Children, nag-allocate po ako diyan ng augment sa feeding program na galing sa Region II kasi mataas ang presyo ng bilihin dito at meron kaming pandagdag sa pondo". - Male participant, Region II

5.2.1.3.3.2 Height and weight measurement

149. Based on the guidelines, measuring of children shall be done by trained child development worker (CDW)/SNP volunteer worker and BNS/BHW under the supervision of the Rural Health Unit using the New WHO Child Growth Standards (CGS) or the ECCD growth chart, whichever is available, to determine the nutritional status using weight for age or weight for height before the start of feeding using the available weighing scale and height boards of the Rural Health Unit. Almost all survey respondents strongly agreed that all children beneficiaries' height and weight were measured before the conduct of feeding sessions. This was also affirmed by LGU and daycare worker participants from FGDs.

150. However, some LGUs recommended that implementation would be easier if there is a provision of measuring equipment like salter scale and microtoise for the daycare centers.

5.2.1.3.3.3 Organization of parent groups and conduct of PES

151. One of the prerequisites in the implementation of SFP is the organization of parents to get their support and commitment to the program. Accordingly, parents shall be grouped into working committees to involve them in various activities in the center. In SFP cycle 8, majority of the survey respondents strongly agreed that CDCs and SNP successfully organized a parent group before the feeding sessions.

152. Daycare workers organized the activities (e.g., orientations, meetings, etc.) for parents to attend to which equipped parents of what to do during the program implementation.

"Before the implementation of the Supplementary Feeding Program we [Day Care workers] conduct orientation of parents of the Day Care Children. The parents of the Day Care children are called for an orientation conducted by the Municipal nutrition officer and other resource speakers invited from other agencies and of course after that we have the grouping and signing and assigning of the parents for the daily schedule after the orientation and then the parents." - Female participant, CAR

153. Parents' roles in helping in the day care center became a key element in the daily operation of the program.

"I think the most naka-impact siya communities is the participation of our parents, participation of our committee members in engaging to address the malnutrition pinapartake nila dun sa paggawa ng mga menu for the feeding program. So yung participation talaga yung bigger impact

in our communities. engage with community members and parents to prepare the feeding program, the actual feeding activity. Actually, malaki ang involvement nila and then of course ma-internalize nila the importance of the feeding program. Actually as what I've said yung preparation nila sa pagprepare ng food for the children and then pag-gather ng mga bata natin to partake the food na prepare nila and of course the information dissimulation sa importance of giving feeding program especially on the nutritional health for our children". – Male participant, Region IX

154. Sharing of responsibilities among parents/ communities made program implementation more effective. The identification and distribution of certain tasks under the program particularly for the regular feeding sessions helped a lot in ensuring a smooth flow of implementation, according to participants. Clear assignments and schedules enabled better efficiency in the delivery of services under SFP. On a marginal but still important note, it was also mentioned that such interactions facilitated greater ownership of the program among the parents of children for whom it is designed.

155. Almost all participants also shared experiences where they had first-hand engagement in the program, either by preparing meals or by augmenting resources when needed. Some of them saw this in the light of program design in which all stakeholders are encouraged to provide respective contributions in any form. And yet others seem to have embraced a sense of shared responsibility not only among themselves and the teachers, but also with other children not their own. This concretely yielded positive effects on the actual implementation of the program particularly the feeding sessions.

156. In terms of PES, almost all survey respondents strongly agreed that CDCs and SNP within their LGU conducted at least one Parent Effectiveness Session (PES) before the start of feeding sessions. About half, on the other hand, strongly agreed that CDCs were able to conduct nine PES

5.2.1.3.4 Feeding

157. One of the highlights stated in the guidelines about the actual conduct of feeding is the use of suggested cycle menu which should be equivalent to $\frac{1}{3}$ of the Daily Recommended Energy Nutrient Intake (RENI). The cycle menu may be enhanced depending on the available nutritionally adequate food items in the community. Moreover, alternative meals may be served to children, once or twice a week, maintaining the $\frac{1}{3}$ daily RENI requirement and observing the same care in the preparation of hot meals.

158. Following the guidelines, most of the survey respondents strongly agreed that their City / Municipality received from DSWD the cycle menu reflecting $\frac{1}{3}$ RENI per meal. A great majority also strongly agreed that their City / Municipality distributed the adjusted cycle menu with $\frac{1}{3}$ RENI to all CDCs and SNPs. Respondents also indicated that parent groups always prepared the supplementary meals wherein the portioning of served food was still equivalent to $\frac{1}{3}$ RENI. Likewise, they strongly agreed that rice served during feeding was always iron fortified.

159. One LGU participant noted that DSWD FO provided them with guidelines such as the cycle menu to guide them in the preparation of meals. In some areas, however, the cycle menu was not often followed, especially in areas where CDCs are located remotely and where the workers lack appliances for proper storage. There were some cases shared by LGU participants about CDCs not having been able to follow the standard menu prescribed in a handbook. They said that their location or area as well as the lack of a refrigerator or even just cooler (e.g. icebox) were factors for this.

"[Y]ung aming menu, hindi namin talaga nasususnod kasi nga unang-una just like halimbawa yung perishable items, yung aming schedule noon is at least once a month. Kung halimbawa may perishable items kami na pork or chicken at saka beef, kung magdedesisyon si LGU na may delivery sila ng 2x a month mahihirapan rin po yung ating mga daycare workers baba nang baba dito sa ating sentro. Unang-una yung aming area po dito is malayo at saka maraming mga daycare workers na meron silang pamasaha na and they are just receiving honorarium for just Php 2000.00 a month. That's why wala kaming choice, yung pagrereceive ng goods is at least once a month. Sabay sa pagkuha ng kanilang sahod at saka sa pagkuha ng kanilang goods." – Male participant, Region XII

160. There were also some notes shared about how sometimes children did not prefer much what had been served them based on the prescribed menu, especially dishes based on vegetables. It was not clear, though, where such dislike came from, but it is surmised that it could be related to the variety of the menu which is essential to keeping children's appetite over the entire period of the program (specifically if meals tend to be the same over time). Creativity in preparing the meals might have been a factor (some parents in other areas indeed shared how they tried to be unconventional in choosing what to do with a certain good especially vegetables).

"[T]his is just a share na information from our daycare workers na iba yung, yung ibang menu ng ng ating mga nutritionist kahit papano-- Actually masarap rin naman siya sa atin, sa aking level ah tinikman ko man din. Masarap din naman siya, pero siguro sa bata may mga batang gusto, pero may mga batang hindi talaga gusto ng mga gulay mga ganun pero wala kaming magawa alangan namang pilitin namin siya. Hinahayaan na lang namin, pero kahit papano para mas maging effective yung SF namin talaga pinapaupuan namin sa mga parents at saka hungiton gid [subuan] kung бага sa Illongo ay subuan yung anak nila during SF yun yung ginagawa namin." – Male participant, Region XII

161. Majority of the children beneficiaries, according to the survey respondents, learned how to pray before and after eating SFP meals. Similarly, children also learned to wash their hands with soap and brush their teeth after eating. Parents attributed the improved manners to the program as some only learned these from the daycare centers. Some parents also noted other skills and knowledge children beneficiaries have learned during the feeding program. These include table setting, table manners and the nutritional value of the food they eat.

5.2.1.3.5 Monitoring and Evaluation

162. One of the objectives of SFP is to improve or sustain the nutritional status of children beneficiaries. As such, the program will be effective if proper and regular monitoring will be done to evaluate the progress in nutritional status. For the majority of survey respondents, children beneficiaries' height and weight were monitored as required based on standards and that the supervision of feeding sessions in the CDCs was conducted once a week. One participant noted that child monitoring aids in the identification of children with severe malnutrition. With this, proper and additional interventions could be provided. Some parents were consistently updated on the progress of their children for them to appreciate the benefits of the program.

163. In terms of monitoring from the DSWD FOs, majority of the LGUs strongly agreed that DSWD was able to conduct a monitoring visit in the city/municipality in which they also receive necessary technical assistance in implementing SFP which included pre-program training/orientations until monitoring and evaluation. Some LGU participants described their FO counterpart as approachable, competent, and supportive. Some also received positive support from the preparation until the end of cycle 8. However, some described their FO counterparts as strict when it comes to monitoring. Even minor concerns, according to one participant, should be communicated to the FO for them to respond and provide solutions.

"Teknikal support po ng dito sa amin. Dito naman po sa NCR Ma'am, supportive po sila sa amin lalo na po sa mga pag-i-implement po ng SFP, kumbaga dito po sa 3rd office po dito kapag meron po kaming mga hindi naiintindihan, isang text lang po sa kanila o kaya tawagan mo lang po sila bababa po sila para ipaliwanag po kung paano. kumbaga lagi po silang nagtatanong, minomonitor kung ano po yong mga nagiging problema, bumababa po sila Ma'am. Binababaaan po nila yong mga ano po...bawat LGU po Ma'am may nakaassign po na mag-a-assist o maggu-guide sa mga LGU." – Female participant, NCR

"Pumupunta sila sa munisipyo ma'am, nagbibisita sila, nagmomonitor and sa supervision nila sa munisipyo especially in the sa daycare kaya maganda ma'am kaya full support sila wala kang masabi dahil pag may ano inaayos nila, kung may mga problema sinasabi ko na problema, willing to support us. Paano yung implementation of the daycare, yung mga feeding inaano nila yung mga responsibilities ng bawat yung committee, responsibilities ng daycare, responsibilities of the LGU in the implementation of this". - Female participant, Region II

164. One participant also mentioned the conduct of the annual Program Implementation Review (PIR) in which all LGUs that implemented SFP would gather to discuss the strengths and weaknesses of the program. This was also the venue to share best practices of LGUs.

5.2.2 Efficiency

165. In terms of efficiency, LGU SFP Focal Persons who responded to the survey acknowledged that the program is efficient in terms of financial resources, human resources and time with an

average summary score of 128 out of 165.²⁷ Nonetheless, there were reported issues related to human resources and financial resources. These two indicators somewhat affected the implementation of the program.

166. On the other hand, majority of the respondents moderately and strongly agreed that there could have been more efficient ways to implement the SFP. Nevertheless, many of them believed that various processes and structures within their LGU were already established to support the implementation of the program. In particular, more than 40% of the respondents consistently answered that the guidelines and policies, SFP Operations Manual, nutritional status database, profiling of beneficiaries, monitoring and evaluation system, coordination mechanisms, time management, capacity building plan, and physical and financial plan were established to a large extent.

5.2.2.1 To what extent were the financial resources used efficiently?

167. With a budget allocation of Php15.00 per child per day for 120 days hot meal or alternative meal, majority of the survey respondents believed that the fund for SFP cycle 8 was well-managed in which they also received the program fund from DSWD in a timely manner.

168. A key informant from the Central Office shared that the budget for cycle 8 was sufficient with an administrative cost of 3% per total number of children beneficiaries per region. She noted that those regions with low number of children beneficiaries were affected by the percentage of administrative cost. Out of 17 regions, she narrated, only one region was not able to fully utilize and returned funds for cycle 8. The other regions had continuing funds so they used that to implement the program in other LGUs.

"Pagdating sa budget sa beneficiaries, adequate naman siya. From 2015 to 2018 okay lang yung budget namin sa admin cost. Walang nagsasabi sa amin na FOs na kulang ang pera. Ngayong 2019, naging 3% ang admin cost ng SFP sa national. So, ang ano kasi noon epekto, doon sa malalaki ang target, halimbawa region 4A, ang target nya ay 143, 000 na bata hindi siya magiging affected ng 3% kasi malaki parin yung 3% ng 143, 000 na bata, sa grant yun na 15 pesos. Ang affected doon yung mga field offices natin na maliliit lang yung coverage ng bata kagaya ng 4B, CAR tsaka Region 8 kasi sila yung mabababa ang target, kaya mababa rin ang admin cost nila. problematic sila sa admin cost since 2019. Marami sa kanila ang na-slash [ang budget]." – Female key informant, DSWD CO

169. One of the factors that could have contributed to the efficiency of managing the funds for the program was the augmentation from LGUs and parent beneficiaries. According to one participant, some LGUs provided financial assistance as well as kitchen and eating utensils to the

²⁷ The average summary score for efficiency was derived from the answers of survey respondents in items related to efficiency. It was computed by getting the sum of responses to the concerned likert scale questions, then getting the average for all respondents. The summary score across respondents was as low as 91 to as high as 161, with a perfect score of 165.

DCCs. Some barangays would even provide daycare centers with liquefied petroleum gas to be used in cooking.

170. The so-called counterpart of parents and their communities in the SFP also extended to financial contributions as one parent shared how they mobilized funds for buying gas stove monthly. However, she also highlighted what she deemed as a moral participation, which was basically in the form of preparing meals for the children. Due to the limited funding per child and the issue of malnutrition, parents provided minimal non-mandatory financial contribution. This was discussed at the start of the program. Also, they also provided ingredients that they could find from their gardens.

"[I]sa sa mga partisipasyon ng parents is syempre financially. Mayroong financially sir, kasi katulad sa amin, hindi kami nagluluto sa kahoy. Kailangan sa gasul. 'Yung gasul namin inaambag namin siguro fifteen (15) pesos, Sir. So, halos dalawang buwan, tatlong buwan na namin gagamitin. So, financially. Syempre, morally, partisipasyon sa mga anak. Isa mga trabaho namin kami po ang naghahanda at nagluluto sa mga pagkain para sa mga bata namin." - Female participant, Region XI

171. Another daycare worker shared that parents would have a daily contribution of Php2.00 to Php5.00, depending on the capability of the parents. The day care workers acknowledged the contribution of parents, but also accommodated the limits to the parents' capabilities. Some parents would instead do some extra chores or bring vegetables as additional ingredients for the meals. There were also instances wherein parents would get money from the collection/contribution to buy certain ingredients such as oil and soy sauce. Some parents would also pledge for the transportation of daycare workers for picking up the goods in the town center.

172. Transportation costs were also a challenge for day care workers. While day care workers are fully committed to the advancement of children's welfare, financial constraints could affect their motivation in implementing the program. There were recommendations to increase honoraria and transportation subsidy to at least acknowledge the crucial contribution of the day care workers.

"Siguro yung mga daycare workers lalo na yung mga bukid at tsaka dagat, mahal yung transportation nila, so ang goods nila dapat ingatan, pag dating sa itlog dapat ingatan para hindi mabasag pagdating doon within the transportation madagdagan yung mga co-workers namin. Hindi naman sila nagsasalita na ganon nahirapan sila pero at least pag nag meeting kami doon naglalabasan yung mga question na ano ang dapat gawin sa kanilang boats na para hindi masiraan or lalo na pag dagat pag walang tubig naghihintay, gabi na pag umuuwi lalo na kapag umuulan sa bukid mahirap din sa kanila ang kanilang dala lalo na kung naka-motorsiklo lang kaya mahirap para sa kanila. Dapat sa ganon para ma-improve, hindi kami mahirapan about that, kailangan tulungan din kami sa mga transportation namin." - Female participant, Region VI

173. When it comes to procurement of goods and utensils, majority of the survey respondents affirmed that these steps were done efficiently. This is the same with liquidation, with few reports on existence of liquidation issues or audit findings. Nevertheless, majority of them believed that there are other ways or approaches to achieve the results of SFP with less funds.

5.2.2.2 To what extent were the human resources used efficiently?

174. When asked about the sufficiency of staff in the FO, LGU and CDC level, the majority of the respondents agreed that human resources dedicated for SFP implementation were adequate. Most also agreed that the SFP staff from all levels were capacitated to a large or very large extent. However, majority of them thought that the number of partners and suppliers were not sufficient.

175. This was affirmed by a key informant in DSWD CO saying that PMB staff assigned in SFP was adequate in cycle 8. They were composed of one budget officer, three nutritionist-dietitian, one social worker and one administrative officer. She also shared that FOs have one nutritionist, one social worker and one administrative officer. Then there was one Project Development Officer I assigned per province.

176. For the day care workers, they believe that human resources at their level were also adequate as parents and caregivers helped them in buying and preparing the meals. They added that tasks were delegated accordingly. Nonetheless, some LGU respondents recognized that there weren't enough human resources to cover the tasks to be performed in SFP. In the consultation workshop with the SFP focal persons in FOs, they also recommended an additional workforce. According to them, this would greatly help in implementing the program efficiently.

"We were assigned other tasks aside from SFP, therefore, we could not focus mainly on the program causing delays in the implementation." - Female participant, Region IV-B

5.2.2.3 To what extent was time spent efficiently?

177. Time was well managed and coordinated efficiently, according to the majority of survey respondents. Most reported that time management was established in their respective LGUs to a large or very large extent. However, half of the respondents thought that there are other ways or approaches to achieve the results of the program with less time.

178. The efficiency in time was perceived by the respondents differently. In terms of the 120 days feeding session, a key informant stated that this is the standard number of days in implementing the program, thus, it is sufficient and efficient when done effectively. She noted that 120 days is the accurate period to evaluate a significant improvement or impact in the nutritional status of children beneficiaries.

179. On the other hand, the whole preparation before the actual feeding was also believed to be enough in terms of time. This includes complying with the required documents such as liquidation report from the previous cycle, project proposal and MOA before the transfer of funds. The key informant narrated that this would usually run for 2 months (April to May) before the start of classes in June.

"LGUs who completed the previous cycle earlier could easily comply with the requirements for the next cycle. There were also few LGUs (about 20% of the total number of implementing LGUs) that needed extra push to make them comply with the necessary documentation requirements. About

10% of the LGUs, on the contrary, had issues of late liquidation reports.” - Female key informant, DSWD CO

180. In terms of time allotted for the actual program, parent beneficiaries narrated how weekdays were maximized for feeding services. Since there were no classes on weekends, some teachers maximized the weekdays and consolidated those feeding services supposedly for weekends within weekdays. This implies both efficiency since weekends can rather be devoted to equally important activities (also for parents preparing meals during feeding sessions) as well as optimal impact given that there would be days when a learner gets two meals carrying twice the nutrients s/he could get in normal circumstances.

“Sa amin po sir, sa daycare ng anak ko everyday po kaming mayroong feeding. Dapat po talaga 7 days, pero ang ginagawa po nung teacher ng anak ko sa daycare, yung pang Saturday at Sunday kinoconsume na po siya nang Thursday and Friday. Kaya po pagdating ng Thursday or Friday minsan po iba-iba yung pagkain nung ano ng mga bata. Ganun po yung ginagawa, pero everyday po.” - Female participant, NCR

5.2.3 Potential Impact

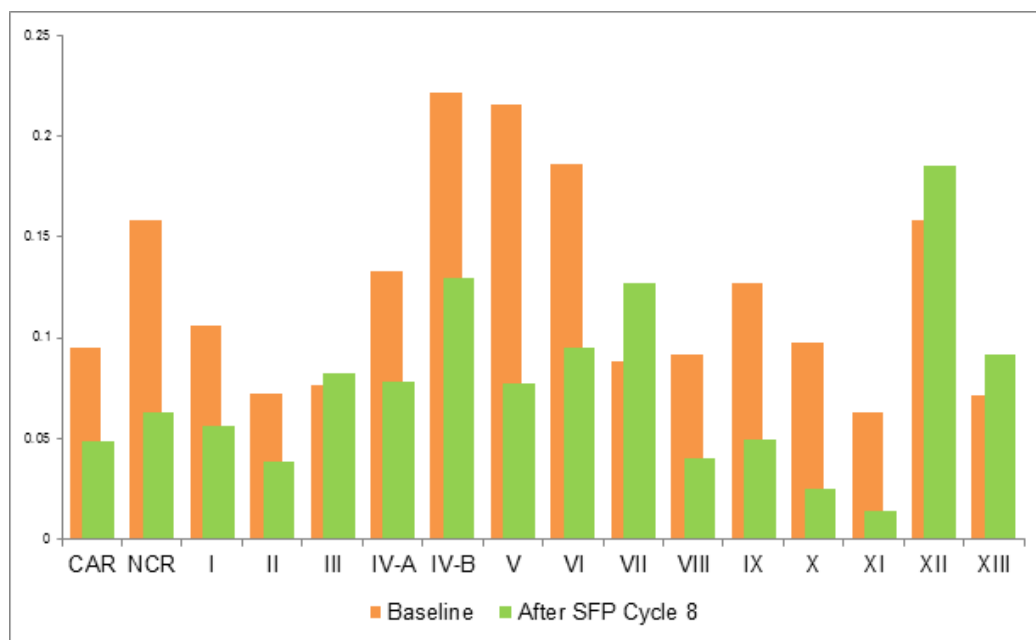
181. Potential impact in terms of addressing malnutrition in the country is also generated from surveys, FGDs and KIIs. The participants understand that SFP is just one component to combat malnutrition and at least for the 8th cycle, majority of children beneficiaries improved their nutritional status. The key informants from the DSWD CO acknowledge that there is so much more to be done to realize the impact of the program in the national level.

5.2.3.1 To what extent will the potential impact of SFP be delivered?

182. In the 2019 National Nutrition Summit, NAMD-FNRI talked how the NNS data fared with the PPAN and SDG targets. It was reported that there was a reduction in the prevalence of stunting from 33.4% in 2015 to 30.3% in 2018, a decrease of 1.0 percentage point per year among children under five years old. However, there was an increase in the prevalence of overweight-for-height from 3.9% in 2015 to 4.0% in 2018, an increase of 0.03% percentage point per year among the same group of children.

183. One of the direct impacts that is expected from the program is the decrease in malnutrition rate among children beneficiaries. LGU respondents reported a 5-percentage point decrease in malnutrition rate after SFP cycle 8 implementation. LGUs from NCR had the most improved malnutrition rate with an average of 10-percentage point decrease. Meanwhile, respondent LGUs from MIMAROPA posted the highest average malnutrition rate across its CDCs and SNPs at 22%, while LGU respondents from Region XI had the lowest at 6%. Consistently, the same regions had the highest and lowest average malnutrition rates after the implementation of SFP cycle 8 at 13% and 1%, respectively.

Figure 4. Baseline vs. Malnutrition Rate After SFP Cycle 8 Implementation by Region



184. For the key informants in DSWD CO, SFP is only a part of the government wide effort to address malnutrition in the country. SFP is only looking at 2-4 years old children which is only a small part of the whole population of young children. They added that for the past years, SFP met its annual target of 80% children with improved nutritional status.

185. Conversely, an indirect impact was also seen in the implementation of the program which is the increase in attendance to CDC/SNP. Most of the LGU respondents said that the SFP Cycle 8 contributed to the improvement of children's CDC attendance to a very large extent. But a very few said that the program contributed to the improvement of children's SNP attendance. According to some daycare workers, children beneficiaries enjoyed going to daycare centers because of the free and nutritious hot meals that were served. Attendance increased as a result, and more children got the sustenance and education they need. Some parents also observed how the feeding sessions may have encouraged the children to not skip classes, and therefore optimize learnings in school.

"We really felt the importance and impact of SFP. First, we had an increasing number of ECCD enrollees when the program started. Second, the participation rate of the children also increased."
 – Female participant, Region IV-B

5.2.4 Sustainability

186. One of the highlights seen in sustaining the program was the existence of community and backyard gardens. This alleviated situations when existing allocations could not meet the present

needs. Data from the survey and FGD also support that beneficiaries were capacitated to be able to sustain the benefits of the SFP.

5.2.4.1 To what extent will the effect of SFP be sustained?

187. As highlighted by the FGD participants, there are various efforts to sustain the benefits of the program from the key partners of the DSWD. Majority of the FGD participants from across all regions mentioned the significance of building community or backyard gardens as a short-term response to program gaps and as a long-term action for program sustainability. There were several instances where ingredients or supplies would run short as needed for a certain number of children to be fed. As an immediate response, some communities and parents, in collaboration with teachers, mobilized equipment and materials to build gardens. This alleviated situations when existing allocations could not meet the present needs. And yet, like narrated by one FGD participant below, it could also be put in the broader context of sustaining what the program brings to the communities, probably way past when the official program concludes (or at least gets repurposed):

"Yung sa backyard gardening po, with the help po of Municipal Department of Agriculture namin ay nagbibigay ng mga seeds sa mga daycare workers pati po sa mga parents ng aming mga daycare Children, para kahit po sa kanila pong bahay is magkaron po sila ng mini garden. Para kumbaga, kahit wala sila sa center, sanay na po silang kumain nung mga gulay." – Female respondent, Region IV-B

188. While the local support helped sustain program implementation, it is more challenging for LGUs in far-flung or hard-to-reach areas. To some, extending some kind of assistance like reimbursing travel expenses of CDC workers or providing transportation support to suppliers proved helpful for the continuous rollout of the program and smooth operations of its key stakeholders:

"With regards support ng local officials at barangay officials naging mas madali siya, considering na... isa kasi siguro sa mga priority ng LGU... [C]onsidering sa aming area kasi sir is terrain yung area namin at saka medyo malalayo yung, we have a lot of far-flung areas dito. Si barangay nagsusuport siya ng travel expenses ng mga daycare worker namin at the same time yung LGU naman namin, considering yung aming suppliers sa SF is Koronadal City... So, kahit papano although medyo mahirap talaga siya sa mga daycare workers kahit papano nagiging magaan, kasi suportado siya ng local officials at barangay officials." – Male respondent, Region XII

189. Data from the survey and FGD also support that beneficiaries were capacitated to be able to sustain the benefits of the SFP. Survey results showed that most (87%) of the respondents claimed that the parents were much or very much capacitated after their participation in the program. Through parents' involvement in various SFP activities, they became acquainted and learned new skills like cooking and preparing healthy meals.

6 CONCLUSIONS

6.1 On the SFP Theory of Change

190. The Theory of Change (TOC) is an essential element of Results-Based Monitoring and Evaluation. It provides a logical framework that explains how the activities undertaken by an intervention contribute to a chain of results that lead to the intended or observed impacts. This subsection discusses the findings of the research team in evaluating the quality of the SFP's TOC in terms of relevance and coherence. In particular, the ensuing discussions try to elaborate about the extent to which the SFP's objectives and design respond to its beneficiaries' needs, and the compatibility of SFP with other similar interventions.

191. LGU SFP Focal Persons who responded to the survey acknowledged the relevance of the program as it continues to contribute in addressing malnutrition. Likewise, it also contributed to the improvement of children's intellectual and learning capacity. However, the basic causes of malnutrition, which are at the societal level, can be considered as concerns that are untouched by SFP. Despite the supplementary meals served to children beneficiaries and training sessions on nutrition and health, it would be difficult for a poor household to support and sustain the intended program outcome if it lacks the resources to consistently provide adequate and nutritious food to its members. The inadequacy of resources (financial, human, physical, social and natural capital) may be outside the scope of the program but are necessary gaps that need to be addressed in collaboration with other programs of DSWD, national government agencies, and civil society organizations. Implementers and beneficiaries, alike, particularly those who participated in FGDs greatly perceived SFP as a necessary program in their communities. The general sentiment of the participants was for the program to continue, as they see it necessary for their children's well-being.

192. Coherence has the lowest average summary score compared to other KEQs. Most LGU SFP Focal Persons who responded to the survey collaborated with internal and external partners in implementing SFP Cycle 8 such as with the DSWD-Program Management Offices (DSWD-PMOs) and the Department of Health (DOH). Only and less than half collaborated with the other external partners. Nevertheless, SFP can be considered coherent with most of the best practices done by other similar nutrition programs.

6.2 On SFP Implementation

193. According to Wright (2014), programs oftentimes fail to reach desired outcomes in the "real-world" because these programs are simply not implemented with quality. Process evaluation focuses on the implementation process and answers the question of how well the program is being implemented. This subsection discusses the findings of the research team in evaluating SFP's quality of implementation in terms of effectiveness, efficiency, potential impact and sustainability.

194. It can be noticed in the evaluation matrix summary that there are several indicators assigned to measure the effectiveness of SFP. It is divided into three sections which are effectiveness in delivering outcomes, effectiveness in delivering outputs and effectiveness of LGUs in implementing the program. Through survey, FGDs and KIIs, SFP Cycle 8 is seen to be effective in delivering the outcomes which are the improved/sustained nutritional status of children beneficiaries and improved KAP on nutrition and health of children, parents and caregivers. Nonetheless, it should be noted that the data for nutritional status will still be validated as there are some inconsistencies in the data provided by LGUs. While there are several positive feedbacks in terms of improved KAP on nutrition on health, there is no existing tool to measure this outcome. The program is also perceived to deliver the intended outputs such as children served with hot meals for 120 days and training sessions to improve KAP. While the first indicator has complete and accurate data in the LGU and regional level, there is no existing consolidated data for the training sessions conducted such as PES. Based on the guidelines, parents should attend/participate in at least nine (9) PES for SFP. In terms of LGU implementing SFP, issues related to targeting and identification of beneficiaries, fund management and feeding were raised.

195. According to survey respondents, the program is efficient in terms of human and financial resources and time management. Nevertheless, lack of staff in the regional and LGU level is seen to affect the efficiency of the program. This is also true for the financial resources wherein parents and LGUs have to augment to support the smooth implementation of SFP. For time management, the period to comply with liquidation reports is seen to also affect efficiency as this will have an implication for the implementation of the next cycles.

196. Potential impact in terms of addressing malnutrition in the country is also generated from surveys, FGDs and KIIs. The participants understand that SFP is just one component to combat malnutrition and at least for the 8th cycle, majority of children beneficiaries improved their nutritional status. The key informants from the DSWD CO acknowledge that there is so much more to be done to realize the impact of the program in the national level.

197. One of the highlights seen in sustaining the program was the existence of community and backyard gardens. This alleviated situations when existing allocations could not meet the present needs. Data from the survey and FGD also support that beneficiaries were capacitated to be able to sustain the benefits of the SFP.

7 RECOMMENDATIONS

198. In view of the findings presented, the following are recommended by the study team:

7.1 To Program Management Bureau

199. Strengthen inter-agency coordination and collaboration to ensure that the SFP objectives are complemented by other social protection programs. Explore partnerships with other stakeholders especially NGOs which can cater to children not enrolled in CDCs or SNPs. The NGOs may be tapped to cover potential children beneficiaries who may not be covered by the current SFP guidelines. For coherence, it is recommended to sustain partnership with NGAs and explore how partnerships with other stakeholders can be strengthened.

200. The development of tools is necessary to effectively achieve outcome and output indicators of the program. In particular, tools for measuring KAP on nutrition and health should be developed to be cascaded in the FO, LGU and CDC level.

201. For strategic planning, make the program more inclusive and equitable. Review and revise program guidelines to ensure that children's location, religion, family income, ethnicity, disability and critical illness are factored in the planning process and implementation of SFP.

202. Review current monitoring tools used in all levels of implementation (from the CDCs/SNPs to the DSWD CO) and improve these based on feedback from key stakeholders of the program.

203. For the financial resources, added support can be generated from other stakeholders, especially the LCE for children not covered under the program. Services of non-government organizations such as Kabisig ng Kalahi as partner in the region (Php70, 000.00 for 120 days with reporting expenses, aside from the milk program) can help augment the program. It is also recommended to increase the budget of hot meals and operational and administrative funds.

204. Develop comprehensive technical assistance plan for key implementers based on identified gaps and issues experienced by the LGUs. Maximize the use of different modes of communications in providing technical assistance.

7.2 To DSWD Field Offices

205. Sustain the good performance of LGUs in the conduct of social preparation activities and actual feeding sessions and provide incentives to encourage low-performing LGUs.

206. In terms of efficiency, additional workforce in FOs and LGUs as well as regularization of staff can address the efficiency in human resources.

207. For time management, develop mechanisms to ease in the preparation of liquidation reports.

208. To ensure sustainability of the program, empower LGUs in the importance of health and nutrition rather than infrastructures. Parents Effectiveness Session (PES) should also be strengthened and enhanced.

7.3 To partner LGUs

209. Further promote local procurement of goods especially from poor local farmers within the community. This is consistent with the provision of RA 11037 (Masustansyang Pagkain para sa Batang Pilipino Act) on Procurement of Goods and Services: The Department of Budget and Management, Government Procurement Policy Board, and the Commission on Audit, in consultation with the NGAs, are hereby mandated to specifically establish and promulgate a community-based mode of procurement, liquidation and audit that will ensure the efficient and effective implementation of the Program.

210. Mobilize resources to augment the lack of equipment for SFP implementation and monitoring. Considering the sizeable data to be managed in implementing SFP, all partner LGUs must ensure that the SFP staff have dedicated computers, other IT equipment, and weighing scales among others.

ANNEXES

Annex A: Processed Data from Survey

ONLINE SURVEY QUESTIONNAIRES	RESPONSES FROM THE RESPONDENTS					
12. Based on your assessment, to what extent were the following categories integrated in the planning process for the SFP Cycle 8? Use the following rating scale and put an X in the appropriate space on the right.	RATING SCALE					
	1 = Not at all	2 = Little extent	3 = Moderate Extent	4 = Large Extent	5 = Very large extent	6 = I don't know
	Rating Score	Frequency	Percent	Cumulative		
	Sex of the child					
	Not at all	17	9.24	9.24		
	Little extent	11	5.98	15.22		
	Moderate extent	50	27.17	42.39		
	Large extent	76	41.3	83.7		
	Very large extent	30	16.3	100		
	I don't know					
	Total	184	100			
	Rating Score	Frequency	Percent	Cumulative		
	Religion of the child					
	Not at all	20	10.87	10.87		
	Little extent	24	13.04	23.91		
	Moderate extent	55	29.89	53.8		
	Large extent	55	29.89	83.7		
	Very large extent	30	16.3	100		
	I don't know					
	Total	184	100			
	Rating Score	Frequency	Percent	Cumulative		
	Income status					
	Not at all	22	11.96	11.96		
	Little extent	27	14.67	26.63		
	Moderate extent	61	33.15	59.78		
	Large extent	51	27.72	87.5		
	Very large extent	22	11.96	99.46		
	I don't know	1	0.54	100		
	Total	184	100			
	Rating Score	Frequency	Percent	Cumulative		
	Ethnicity					
	Not at all	36	19.57	19.57		
	Little extent	33	17.93	37.5		
	Moderate extent	46	25	62.5		
	Large extent	40	21.74	84.24		
	Very large extent	28	15.22	99.46		
	I don't know	1	0.54	100		
	Total	184	100			
	Rating Score	Frequency	Percent	Cumulative		

	Location of the child (e.g. GIDA)			
	Not at all	17	9.24	9.24
	Little extent	21	11.41	20.65
	Moderate extent	52	28.26	48.91
	Large extent	59	32.07	80.98
	Very large extent	35	19.02	100
	I don't know			
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	Presence of Disability			
	Not at all	22	11.96	11.96
	Little extent	38	20.65	32.61
	Moderate extent	54	29.35	61.96
	Large extent	41	22.28	84.24
	Very large extent	28	15.22	99.46
	I don't know	1	0.54	100
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	Presence of critical illness			
	Not at all	32	17.39	17.39
	Little extent	30	16.3	33.7
	Moderate extent	55	29.89	63.59
	Large extent	45	24.46	88.04
	Very large extent	22	11.96	100
	I don't know			
Total	184	100		
Rating Score	Frequency	Percent	Cumulative	
Nutritional status				
Not at all	3	1.63	1.63	
Little extent	3	1.63	3.26	
Moderate extent	40	21.74	25	
Large extent	71	38.59	63.59	
Very large extent	66	35.87	99.46	
I don't know	1	0.54	100	
Total	184	100		

I3, In your opinion, to what extent are the following items established in your City / Municipality to support the implementation of SFP Cycle 8?	RATING SCALE					
	1 = Not at all	2 = Little extent	3 = Moderate Extent	4 = Large Extent	5 = Very large extent	6 = I don't know
	Rating Score	Frequency	Percent	Cumulative		
	Guidelines and Policies					
	Not at all	5	2.72	2.72		
	Little extent	2	1.09	3.8		
	Moderate extent	47	25.54	29.35		
	Large extent	77	41.85	71.2		
	Very large extent	52	28.26	99.46		
	I don't know	1	0.54	100		
	Total	184	100			
	Rating Score	Frequency	Percent	Cumulative		

SFP Operations Manual

Not at all	7	3.8	3.8
Little extent	8	4.35	8.15
Moderate extent	47	25.54	33.7
Large extent	75	40.76	74.46
Very large extent	46	25	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Nutritional Status Database			
Not at all	2	1.09	1.09
Little extent	1	0.54	1.63
Moderate extent	44	23.91	25.54
Large extent	80	43.48	69.02
Very large extent	56	30.43	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Profiling of beneficiaries			
Not at all			
Little extent			
Moderate extent	36	19.57	19.57
Large extent	86	46.74	66.3
Very large extent	61	33.15	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
M&E System			
Not at all	2	1.09	1.09
Little extent	8	4.35	5.43
Moderate extent	56	30.43	35.87
Large extent	84	45.65	81.52
Very large extent	31	16.85	98.37
I don't know	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Coordination and Mechanisms			
Not at all			
Little extent	2	1.09	1.09
Moderate extent	47	25.54	26.63
Large extent	92	50	76.63
Very large extent	43	23.37	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Time Management			
Not at all			
Little extent	2	1.09	1.09

Moderate extent	50	27.17	28.26
Large extent	90	48.91	77.17
Very large extent	42	22.83	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Capacity Building Plan			
Not at all	2	1.09	1.09
Little extent	3	1.63	2.72
Moderate extent	56	30.43	33.15
Large extent	84	45.65	78.8
Very large extent	38	20.65	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Physical and Financial Plan			
Not at all	5	2.72	2.72
Little extent	3	1.63	4.35
Moderate extent	52	28.26	32.61
Large extent	84	45.65	78.26
Very large extent	39	21.2	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Sustainability / Post-feeding plan in synergy with LGUs and NGAs			
Not at all	6	3.26	3.26
Little extent	16	8.7	11.96
Moderate extent	61	33.15	45.11
Large extent	67	36.41	81.52
Very large extent	31	16.85	98.37
I don't know	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Sustainability / Post-feeding mechanisms in synergy with LGUs and NGAs			
Not at all	5	2.72	2.72
Little extent	17	9.24	11.96
Moderate extent	66	35.87	47.83
Large extent	62	33.7	81.52
Very large extent	32	17.39	98.91
I don't know	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
M&E mechanisms for post-implementation of SFP			
Not at all	5	2.72	2.72
Little extent	12	6.52	9.24
Moderate extent	64	34.78	44.02
Large extent	70	38.04	82.07
Very large extent	29	15.76	97.83

14. In your opinion, to what extent are the resources sufficient to support the implementation of SFP Cycle 8 in your City / Municipality?	I don't know	4	2.17	100	
	Total	184	100		
	RATING SCALE				
	1 = Not at all	2 = Little extent	3 = Moderate Extent	4 = Large Extent	5 = Very large extent
					6 = I don't know
	Rating Score	Frequency	Percent	Cumulative	
	Number of LGU staff involved in the implementation of SFP Cycle 8				
	Not at all				
	Little extent	16	8.7	8.7	
	Moderate extent	64	34.78	43.48	
	Large extent	68	36.96	80.43	
	Very large extent	36	19.57	100	
	I don't know				
	Total	184	100		
	Rating Score	Frequency	Percent	Cumulative	
	Quality / competency of human resources				
	Not at all				
	Little extent				
	Moderate extent	6	3.26	3.26	
	Large extent	60	32.61	35.87	
	Very large extent	75	40.76	76.63	
	I don't know	39	21.2	97.83	
	Total	4	2.17	100	
	Rating Score	Frequency	Percent	Cumulative	
	Financial resources				
	Not at all				
	Little extent				
	Moderate extent				
	Large extent				
	Very large extent				
	I don't know				
	Total				
	Rating Score	Frequency	Percent	Cumulative	
	Time allocated for SFP implementation				
	Not at all				
	Little extent				
	Moderate extent				
	Large extent				
	Very large extent				
	I don't know				
	Total				
	Rating Score	Frequency	Percent	Cumulative	
	Number of Partners				
	Not at all	1	0.54	0.54	
	Little extent	13	7.07	7.61	
	Moderate extent	74	40.22	47.83	
	Large extent	61	33.15	80.98	
	Very large extent	34	18.48	99.46	

I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Number of volunteers			
Not at all	2	1.09	1.09
Little extent	8	4.35	5.43
Moderate extent	53	28.8	34.24
Large extent	82	44.57	78.8
Very large extent	39	21.2	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Number of parents involved in the implementation			
Not at all			
Little extent			
Moderate extent	31	16.85	16.85
Large extent	92	50	66.85
Very large extent	61	33.15	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Number of CDC workers			
Not at all			
Little extent			
Moderate extent	20	10.87	10.87
Large extent	76	41.3	52.17
Very large extent	88	47.83	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Number of health workers			
Not at all	3	1.63	1.63
Little extent	1	0.54	2.17
Moderate extent	46	25	27.17
Large extent	82	44.57	71.74
Very large extent	51	27.72	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Number of suppliers			
Not at all	3	1.63	1.63
Little extent	19	10.33	11.96
Moderate extent	63	34.24	46.2
Large extent	64	34.78	80.98
Very large extent	33	17.93	98.91
I don't know	2	1.09	100
Total	184	100	

15. Please indicate your level of agreement to the following statements pertaining to the activities / processes conducted by your City / Municipality in relation to the SFP Cycle 8.

TARGETING AND STRATEGIC PLANNING

Rating Score	Frequency	Percent	Cumulative
All target beneficiaries (in initial master list) were included in the GAA budget			
Strongly disagree	3	1.63	1.63
Moderately disagree	2	1.09	2.72
Neutral	33	17.93	20.65
Moderately agree	55	29.89	50.54
Strongly agree	82	44.57	95.11
Not applicable	9	4.89	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
All target beneficiaries in the LGU were covered by SFP			
Strongly disagree	3	1.63	1.63
Moderately disagree	2	1.09	2.72
Neutral	11	5.98	8.7
Moderately agree	50	27.17	35.87
Strongly agree	118	64.13	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The MOA between the LGU and DSWD was signed and completed by the 1 st quarter of the year			
Strongly disagree	10	5.43	5.43
Moderately disagree	17	9.24	14.67
Neutral	50	27.17	41.85
Moderately agree	106	57.61	99.46
Strongly agree	1	0.54	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The LGU opened a bank account solely for SFP			
Strongly disagree	15	8.15	8.15
Moderately disagree	13	7.07	15.22
Neutral	33	17.93	33.15
Moderately agree	35	19.02	52.17
Strongly agree	53	28.8	80.98
Not applicable	35	19.02	100
Total	184	100	

IDENTIFICATION OF BENEFICIARIES

Rating Score	Frequency	Percent	Cumulative
There were beneficiaries in the initial master list that were excluded in the final master list			
Strongly disagree	10	5.43	5.43
Moderately disagree	20	10.87	16.3
Neutral	21	11.41	27.72
Moderately agree	66	35.87	63.59
Strongly agree	66	35.87	99.46
Not applicable	1	0.54	100

Total	184	100	
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Rating Score	Frequency	Percent	Cumulative
There were beneficiaries not in the initial master list that were included in the final master list			
Strongly disagree	1	5.43	5.43
Moderately disagree	7	3.8	9.24
Neutral	20	10.87	20.11
Moderately agree	53	28.8	48.91
Strongly agree	86	46.74	95.65
Not applicable	8	4.35	100
Total	184	100	

FUND MANAGEMENT

Rating Score	Frequency	Percent	Cumulative
The fund for SFP implementation was well-managed			
Strongly disagree	1	0.54	0.54
Moderately disagree			
Neutral	9	4.89	5.43
Moderately agree	24	13.04	18.48
Strongly agree	147	79.89	98.37
Not applicable	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The City / Municipality received the SFP fund from DSWD in a timely manner			
Strongly disagree			
Moderately disagree	7	3.8	3.8
Neutral	21	11.41	15.22
Moderately agree	57	30.98	46.2
Strongly agree	96	52.17	98.37
Not applicable	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Procurement of goods and utensils for SFP Cycle 8 was efficient			
Strongly disagree	1	0.54	0.54
Moderately disagree	5	2.72	3.26
Neutral	28	15.22	18.48
Moderately agree	70	38.04	56.52
Strongly agree	66	35.87	92.39
Not applicable	14	7.61	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Procurement was done properly based on legal standards			
Strongly disagree			
Moderately disagree			
Neutral	16	8.7	8.7
Moderately agree	44	23.91	32.61
Strongly agree	115	62.5	95.11
Not applicable	9	4.89	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The City / Municipality procured SFP supplies before June			
Strongly disagree	16	8.7	8.7
Moderately disagree	21	11.41	20.11
Neutral	37	20.11	40.22
Moderately agree	58	31.52	71.74
Strongly agree	37	20.11	91.85
Not applicable	15	8.15	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
At least 30% of the food supplies were procured from the poor local farmers in the community			
Strongly disagree	7	3.8	3.8
Moderately disagree	11	5.98	9.78
Neutral	23	12.5	22.28
Moderately agree	70	38.04	60.33
Strongly agree	57	30.98	91.3
Not applicable	16	8.7	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
There were no issues on liquidation of funds			
Strongly disagree	1	0.54	0.54
Moderately disagree	1	0.54	1.09
Neutral	11	5.98	7.07
Moderately agree	26	14.13	21.2
Strongly agree	140	76.09	97.28
Not applicable	5	2.72	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
There were no COA findings on SFP Cycle 8			
Strongly disagree			
Moderately disagree	3	1.63	1.63
Neutral	11	5.98	7.61
Moderately agree	23	12.5	20.11
Strongly agree	143	77.72	97.83
Not applicable	4	2.17	100
Total	184	100	

SOCIAL PREPARATION

Rating Score	Frequency	Percent	Cumulative
100% of children beneficiaries were dewormed before the start of the 120-day feeding sessions			
Strongly disagree			
Moderately disagree	2	1.09	1.09
Neutral	8	4.35	5.43
Moderately agree	35	19.02	24.46
Strongly agree	138	75	99.46
Not applicable	1	0.54	100

	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	100% of children beneficiaries supplemented with Vitamin A before the start of the 120-day feeding sessions			
	Strongly disagree			
	Moderately disagree	4	2.17	2.17
	Neutral	7	3.8	5.98
	Moderately agree	36	19.57	25.54
	Strongly agree	136	73.91	99.46
	Not applicable	1	0.54	100
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	100% of children beneficiaries' height and weight were measured before the start of the 120-day feeding sessions			
	Strongly disagree			
	Moderately disagree			
	Neutral	3	1.63	1.63
	Moderately agree	25	13.59	15.22
	Strongly agree	156	84.78	100
	Not applicable			
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	100% of CDCs and SNPs conducted at least 1 Parent Effectiveness Session before the start of the 120-day feeding sessions			
	Strongly disagree	1	0.54	0.54
	Moderately disagree	4	2.17	2.72
	Neutral	13	7.07	9.78
	Moderately agree	50	27.17	36.96
	Strongly agree	114	61.96	98.91
	Not applicable	2	1.09	100
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	100% of CDCs and SNPs successfully organized a parent group before the start of the 120-day feeding session			
	Strongly disagree			
	Moderately disagree			
	Neutral	4	2.17	2.17
	Moderately agree	37	20.11	22.28
	Strongly agree	141	76.63	98.91
	Not applicable	2	1.09	100
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	100% of CDCs were able to conduct 9 Parent Effectiveness Sessions			
	Strongly disagree	1	0.54	0.54
	Moderately disagree	7	3.8	4.35
	Neutral	24	13.04	17.39
	Moderately agree	67	36.41	53.8
	Strongly agree	83	45.11	98.91

Not applicable	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
100% of CDCs were able to conduct Parent Effectiveness Session on Health and Nutrition module			
Strongly disagree	1	0.54	0.54
Moderately disagree	2	1.09	1.63
Neutral	16	8.7	10.33
Moderately agree	60	32.61	42.93
Strongly agree	103	55.98	98.91
Not applicable	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
100% of CDCs were able to conduct Parent Effectiveness Session on Family and Parenting			
Strongly disagree	1	0.54	0.54
Moderately disagree	4	2.17	2.72
Neutral	17	9.24	11.96
Moderately agree	63	34.24	46.2
Strongly agree	97	52.72	98.91
Not applicable	2	1.09	100
Total	184	100	

FEEDING

Rating Score	Frequency	Percent	Cumulative
The City / Municipality received from DSWD the cycle menu reflecting 1/3 RENI per meal			
Strongly disagree			
Moderately disagree	2	1.09	1.09
Neutral	7	3.8	4.89
Moderately agree	44	23.91	28.8
Strongly agree	131	71.2	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The City / Municipality distributed the cycle menu with menu adjustments to all CDCs and SNPs			
Strongly disagree			
Moderately disagree	1	0.54	0.54
Neutral	6	3.26	3.8
Moderately agree	53	28.8	32.61
Strongly agree	121	65.76	98.37
Not applicable	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The City / Municipality distributed the adjusted cycle menu reflecting 1/3 RENI to all CDCs and SNPs			
Strongly disagree			
Moderately disagree			
Neutral	9	4.89	4.89

Moderately agree	57	30.98	35.87
Strongly agree	114	61.96	97.83
Not applicable	4	2.17	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Parent groups always prepared the supplementary food equivalent to 1/3 RENI			
Strongly disagree			
Moderately disagree			
Neutral	11	5.98	5.98
Moderately agree	54	29.35	35.33
Strongly agree	118	64.13	99.46
Not applicable	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Portioning of served food was equivalent to 1/3 RENI			
Strongly disagree			
Moderately disagree			
Neutral	10	5.43	5.43
Moderately agree	66	35.87	41.3
Strongly agree	106	57.61	98.91
Not applicable	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
The rice served during feeding was always iron-fortified			
Strongly disagree	3	1.63	1.63
Moderately disagree	10	5.43	7.07
Neutral	26	14.13	21.2
Moderately agree	52	28.26	49.46
Strongly agree	90	48.91	98.37
Not applicable	3	1.63	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Children beneficiaries washed their hands with soap before every feeding session			
Strongly disagree			
Moderately disagree			
Neutral	2	1.09	1.09
Moderately agree	21	11.41	12.5
Strongly agree	161	87.5	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Children beneficiaries washed their hands with soap after every feeding session			
Strongly disagree			
Moderately disagree			
Neutral	3	1.63	1.63
Moderately agree	23	12.5	14.13
Strongly agree	158	85.87	100
Not applicable			

Total	184	100	
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Rating Score	Frequency	Percent	Cumulative
Children beneficiaries prayed before every SFP meal			
Strongly disagree			
Moderately disagree			
Neutral	3	1.63	1.63
Moderately agree	20	10.87	12.5
Strongly agree	161	87.5	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Children beneficiaries prayed after every SFP meal			
Strongly disagree	1	0.54	0.54
Moderately disagree	1	0.54	1.09
Neutral	6	3.26	4.35
Moderately agree	41	22.28	26.63
Strongly agree	135	73.37	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Children beneficiaries brushed their teeth after every SFP meal			
Strongly disagree	1	0.54	0.54
Moderately disagree			
Neutral	8	4.35	4.89
Moderately agree	41	22.28	27.17
Strongly agree	133	72.28	99.46
Not applicable	1	0.54	100
Total	184	100	

MONITORING AND TECHNICAL ASSISTANCE

Rating Score	Frequency	Percent	Cumulative
Children beneficiaries' height and weight were monitored as required based on standards			
Strongly disagree			
Moderately disagree			
Neutral	2	1.09	1.09
Moderately agree	32	17.39	18.48
Strongly agree	150	81.52	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Supervision of feeding sessions in the CDCs was conducted once a week			
Strongly disagree	2	1.09	1.09
Moderately disagree	5	2.72	3.8
Neutral	18	9.78	13.59
Moderately agree	67	36.41	50
Strongly agree	92	50	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
DSWD was able to conduct a monitoring visit in the City / Municipality			
Strongly disagree			
Moderately disagree			
Neutral	21	11.41	11.41
Moderately agree	62	33.7	45.11
Strongly agree	101	54.89	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Data / information on beneficiaries was disaggregated based on required disaggregation The City / Municipality received technical assistance from the DSWD-FO			
Strongly disagree			
Moderately disagree			
Neutral	14	7.61	7.61
Moderately agree	72	39.13	46.74
Strongly agree	96	52.17	98.91
Not applicable	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Other than the target beneficiaries, there were other children who received supplemental feeding			
Strongly disagree			
Moderately disagree			
Neutral	6	3.26	3.26
Moderately agree	66	35.87	39.13
Strongly agree	112	60.87	100
Not applicable			
Total	184	100	

OTHERS

Rating Score	Frequency	Percent	Cumulative
The SFP duplicates other feeding programs implemented by the LGU			
Strongly disagree	34	18.48	18.48
Moderately disagree	16	8.7	27.17
Neutral	44	23.91	51.09
Moderately agree	47	25.54	76.63
Strongly agree	24	13.04	89.67
Not applicable	19	10.33	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
In my personal opinion, there could have been more efficient ways to implement the SFP			
Strongly disagree	3	1.63	1.63
Moderately disagree	5	2.72	4.35
Neutral	40	21.74	26.09
Moderately agree	79	42.93	69.02
Strongly agree	50	27.17	96.2
Not applicable	7	3.8	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
There was enough DSWD staff allocated to implement the SFP Cycle 8			
Strongly disagree	5	2.72	2.72
Moderately disagree	16	8.7	11.41
Neutral	45	24.46	35.87
Moderately agree	74	40.22	76.09
Strongly agree	44	23.91	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
There was enough City / Municipality staff allocated to implement the SFP Cycle 8			
Strongly disagree	2	1.09	1.09
Moderately disagree	14	7.61	8.7
Neutral	43	23.37	32.07
Moderately agree	73	39.67	71.74
Strongly agree	52	28.26	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
SFP Cycle 8 was implemented as scheduled			
Strongly disagree	2	1.09	1.09
Moderately disagree	13	7.07	8.15
Neutral	19	10.33	18.48
Moderately agree	77	41.85	60.33
Strongly agree	73	39.67	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Time was managed and coordinated efficiently			
Strongly disagree			
Moderately disagree	5	2.72	2.72
Neutral	17	9.24	11.96
Moderately agree	76	41.3	53.26
Strongly agree	86	46.74	100
Not applicable			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
There other ways / approaches to achieve SFP's objectives with less funds			
Strongly disagree	13	7.07	7.07
Moderately disagree	23	12.5	19.57
Neutral	52	28.26	47.83
Moderately agree	61	33.15	80.98
Strongly agree	32	17.39	98.37
Not applicable	3	1.63	100
Total			

Rating Score	Frequency	Percent	Cumulative
There other ways / approaches to achieve SFP's objectives with less human resources			
Strongly disagree	17	9.24	9.24
Moderately disagree	28	15.22	24.46

	Neutral	44	23.91	48.37
	Moderately agree	69	37.5	85.87
	Strongly agree	20	10.87	96.74
	Not applicable	6	3.26	100
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	There other ways / approaches to achieve SFP's objectives with less time			
	Strongly disagree	14	7.61	7.61
	Moderately disagree	26	14.13	21.74
	Neutral	52	28.26	50
	Moderately agree	65	35.33	85.33
	Strongly agree	21	11.41	96.74
	Not applicable	6	3.26	100
	Total	184	100	
PARTNERSHIPS				
P1. Did your City / Municipality collaborate with (internal & external) partners in implementing SFP Cycle 8?	Rating Scale	Frequency	Percent	
	Yes	150	81.52	
	No	26	14.13	
	I don't know	8	4.35	
	Total	184	100	
P2. Please identify your internal & external partners.	Partners			Responses
	Program Management Offices of other DSWD programs besides SFP (e.g. Pantawid Pamilyang Pilipino Program, Sustainable Livelihood Program)			81
	Non-government Organizations			29
	Department of Education			35
	Department of Agriculture - National Meat Inspection Service			45
	National Food Authority			43
	Department of Health			83
	Cooperatives			11
	Development Partners			9
	Private Organizations			19
	Others (Please specify)			
P3. How frequent did you conduct meetings with your partner?	Partners		Always	Often
	Program Management Offices of other DSWD programs besides SFP (e.g. Pantawid Pamilyang Pilipino Program, Sustainable Livelihood Program)		25	35
	Non-government Organizations		5	27
	Department of Education		9	17
	Department of Agriculture - National Meat Inspection Service		21	25
	National Food Authority		15	20
	Department of Health		30	36
	Cooperatives		13	25
	Development Partners		0	46
	Private Organizations		7	18
	Others (Please specify)			

P4. To what extent did you include in your office reports your partner's contributions/assistance?	RATING SCALE													
	1 = Not at all		2 = Little extent		3 = Moderate Extent		4 = Large Extent		5 = Very large extent		6 = I don't know			
	1		2		3		4		5		6		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
	Program Management Offices of other DSWD programs besides SFP (e.g. Pantawid Pamilyang Pilipino Program, Sustainable Livelihood Program)													
	3	2.46	2	1.64	36	29.51	47	38.52	33	27.05	1	0.82	122	100
	Non-government Organizations													
	2	4.55	9	20.45	19	43.18	10	22.73	2	4.55	2	4.55	44	100
	Department of Education													
	1	1.89	13	24.53	22	41.51	10	18.87	5	9.43	2	3.77	53	100
	Department of Agriculture - National Meat Inspection Service													
	1	1.47	9	13.24	26	38.24	24	35.29	7	10.29	1	1.47	68	100
	National Food Authority													
	4	6.15	11	16.92	21	32.31	16	24.62	12	18.46	1	1.54	65	100
	Department of Health													
	3	2.4	7	5.6	35	28	46	36.8	34	27.2			125	100
	Cooperatives													
			3	18.75	6	37.5	4	25	2	12.5	1	6.25	16	100
	Development Partners													
			2	15.38	6	46.15	5	38.46					13	100
	Private Organizations													
	1	3.57	5	17.86	15	53.57	3	10.71	3	10.71	1	3.57	28	100
	Others (Please specify)													
EFFECTS AND CONTRIBUTIONS OF SFP														

E1. Based on your assessment, to what extent did the SFP Cycle 8 contribute to the improvement of the following?	RATING SCALE													
	1 = Not at all		2 = Little extent		3 = Moderate Extent		4 = Large Extent		5 = Very large extent		6 = I don't know			
	1		2		3		4		5		6		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
	Nutritional status of the child													
			2	1.09	13	7.07	75	40.76	94	51.09			184	100
	Children's knowledge om nutrition and health													
					21	11.41	92	50	71	38.59			184	100
	Children's attitude on nutrition and health													
					21	11.41	91	49.46	72	39.13			184	100
	Children's practices on nutrition and health													
					20	10.87	91	49.46	73	39.67			184	100
	Parents' knowledge on nutrition and health													
					16	8.7	88	47.83	80	43.48			184	100
	Parents' attitude on nutrition and health													
					20	10.87	87	47.28	77	41.85			184	100
	Parents' practices on nutrition and health													
					21	11.41	84	45.65	78	42.39	1	0.54	184	100
CDC attendance of children														
1	0.54			11	5.98	71	38.59	101	54.89			184	100	
SNP attendance of children														
50	27.17	3	1.63	12	6.52	52	28.26	46	25	21	11.41	184	100	
E3. In your opinion, how relevant was the SFP Cycle 8 in contributing to the reduction of the malnutrition rate in your City / Municipality?	Rating Score		Frequency				Percent				Cumulative			
	Highly irrelevant				3				1.63				1.63	
	Moderately irrelevant				2				1.09				2.72	
	Neutral				3				1.63				4.35	
	Moderately relevant				49				26.63				30.98	
	Highly relevant				127				69.02				100	
	I don't know													
	Total				184				100					
	E4. In your opinion, to what extent are the objectives of the SFP Cycle 8 valid in your City / Municipality?	Rating Score				Frequency				Percent				
Not at all				1				0.54						
Little extent				2				1.09						
Moderate extent				14				7.61						
Large extent				71				38.59						
Very large extent				96				52.17						
I don't know				0				0						
Total				184				100						
POST-IMPLEMENTATION OF THE SFP CYCLE 8														

PI1. In your view, how likely will the positive effects of the SFP Cycle 8 be sustained?	Rating Score	Frequency	Percent	Cumulative
	Highly unlikely	1	0.54	0.54
	Unlikely			
	Somewhat likely	16	8.7	9.24
	Likely	93	50.54	59.78
	Highly likely	74	40.22	100
	Total	184	100	
PI2. In your view, how capacitated were the parents to provide the primary nutritional needs of their children before they participated in the activities of the SFP Cycle 8?	Rating Score	Frequency	Percent	
	Not at all	28	15.22	15.22
	A little	65	35.33	50.54
	Somewhat	72	39.13	89.67
	Much	19	10.33	100
	Very much	184	100	
	Total	28	15.22	15.22
PI3. In your view, how capacitated were the parents to provide the primary nutritional needs of their children after they participated in the activities of the SFP Cycle 8?	Rating Score	Frequency	Percent	
	Not at all			
	A little	2	1.09	1.09
	Somewhat	22	11.96	13.04
	Much	102	55.43	68.48
	Very much	58	31.52	100
	Total	184	100	
PI4. If no fund transfer from DSWD will be provided, in your opinion, will your City / Municipality have the resources to implement future cycles of SFP?	Rating Score	Frequency	Percent	
	Not at all	19	10.33	10.33
	A little	59	32.07	42.39
	Somewhat	69	37.5	79.89
	Much	27	14.67	94.57
	Very much	10	5.43	100
	Total	184	100	
PI5. If no technical assistance from DSWD will be provided, in your opinion, will your City / Municipality, have the capacity to implement future cycles of SFP?	Rating Score	Frequency	Percent	
	Not at all	11	5.98	5.98
	A little	38	20.65	26.63
	Somewhat	79	42.93	69.57
	Much	44	23.91	93.48
	Very much	12	6.52	100
	Total	184	100	
CAPACITY BUILDING				
C2. On the average, how many Parent Effectiveness Sessions did the parents in your City / Municipality attend in SFP Cycle 8?	Rating Score	Frequency	Percent	Cumulative
	0 – 2	16	8.7	8.7
	3 – 5	44	23.91	32.61
	6 – 8	48	26.09	58.7
	9 or more	74	40.22	98.91
	I don't know	2	1.09	100
	Total	184	100	

C3. On the average, to what extent did the parents participate in Parent Effectiveness Sessions?	Rating Score		Frequency	Percent	Cumulative	
	Not at all		1	0.54	0.54	
	Little extent		10	5.43	5.98	
	Moderate extent		60	32.61	38.59	
	Large extent		72	39.13	77.72	
	Very large extent		39	21.2	98.91	
	I don't know		2	1.09	100	
	Total		184	100		
C4. On the average, to what extent did the children participate in health / nutrition education sessions?	Rating Score		Frequency	Percent	Cumulative	
	Not at all		2	1.09	1.09	
	Little extent		6	3.26	4.35	
	Moderate extent		38	20.65	25	
	Large extent		83	45.11	70.11	
	Very large extent		55	29.89	100	
	I don't know					
	Total		84	100		
C5. In your opinion, how effective were the session in improving the participants' knowledge, attitudes and practices on nutrition and health?	Rating Score		Frequency	Percent		
	Highly ineffective		1	0.54		
	Moderately ineffective		3	1.63		
	Neutral		13	7.07		
	Moderately effective		63	34.24		
	Highly effective		104	56.52		
	I don't know					
Total		184	100			
C6. In your opinion, in general, to what extent were the beneficiaries satisfied with the training sessions they received?	Rating Score		Frequency	Percent	Cumulative	
	Children Beneficiaries					
	Highly dissatisfied					
	Moderately dissatisfied		2	1.09	1.09	
	Neutral		10	5.43	6.52	
	Moderately satisfied		71	38.59	45.11	
	Highly satisfied		100	54.35	99.46	
	I don't know		1	0.54	100	
	Total		184	100		
	Rating Score		Frequency	Percent	Cumulative	
	Parents					
	Highly dissatisfied					
	Moderately dissatisfied		2	1.09	1.09	
	Neutral		12	6.52	7.61	
	Moderately satisfied		72	39.13	46.74	
	Highly satisfied		98	53.26	100	
	I don't know					
	Total		184	100		
	CONDUCT OF FEEDING SESSIONS					
	F4. In your opinion, to what extent were the following considered in the actual	RATING SCALE				
		1 = Not at all	2 = Little extent	3 = Moderate Extent	4 = Large Extent	5 = Very large extent

implementation of the SFP Cycle 8 feeding sessions?

Rating Score	Frequency	Percent	Cumulative
Sex of the child			
Not at all	33	17.93	17.93
Little extent	12	6.52	24.46
Moderate extent	43	23.37	47.83
Large extent	55	29.89	77.72
Very large extent	41	22.28	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Religion of the child			
Not at all	22	11.96	11.96
Little extent	20	10.87	22.83
Moderate extent	46	25	47.83
Large extent	59	32.07	79.89
Very large extent	37	20.11	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Income status			
Not at all	28	15.22	15.22
Little extent	17	9.24	24.46
Moderate extent	74	40.22	64.67
Large extent	40	21.74	86.41
Very large extent	25	13.59	100
I don't know			
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Ethnicity			
Not at all	41	22.28	22.28
Little extent	30	16.3	38.59
Moderate extent	43	23.37	61.96
Large extent	40	21.74	83.7
Very large extent	28	15.22	98.91
I don't know	2	1.09	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Location of the child (e.g. GIDA)			
Not at all	26	14.13	14.13
Little extent	21	11.41	25.54
Moderate extent	46	25	50.54
Large extent	55	29.89	80.43
Very large extent	35	19.02	99.46
I don't know	1	0.54	100
Total	184	100	

Rating Score	Frequency	Percent	Cumulative
Presence of disability			

	Not at all	25	13.59	13.59
	Little extent	36	19.57	33.15
	Moderate extent	51	27.72	60.87
	Large extent	41	22.28	83.15
	Very large extent	31	16.85	100
	I don't know			
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	Presence of critical illness			
	Not at all	29	15.76	15.76
	Little extent	35	19.02	34.78
	Moderate extent	41	22.28	57.07
	Large extent	44	23.91	80.98
	Very large extent	35	19.02	100
	I don't know			
	Total	184	100	
	Rating Score	Frequency	Percent	Cumulative
	Nutritional status			
	Not at all	6	3.26	3.26
	Little extent	3	1.63	4.89
	Moderate extent	30	16.3	21.2
	Large extent	71	38.59	59.78
	Very large extent	73	39.67	99.46
	I don't know	1	0.54	100
	Total	184	100	
F5. To what extent did the parents participate in preparing the snacks / meals given in SFP Cycle 8?	Rating Score	Frequency	Percent	Cumulative
	Not at all			
	Little extent			
	Moderate extent	20	10.87	10.87
	Large extent	80	43.48	54.35
	Very large extent	84	45.65	100
	I don't know			
	Total	184	100	
F6. To what extent did the children beneficiaries participate in the conduct of the feeding sessions?	Rating Score	Frequency	Percent	Cumulative
	Not at all			
	Little extent	1	0.54	0.54
	Moderate extent	19	10.33	10.87
	Large extent	70	38.04	48.91
	Very large extent	94	51.09	100
	I don't know			
	Total	184	100	

F7. Please rate the food provided in the SFP Cycle 8 in terms of adequacy, appropriateness and quality.	RATING SCALE													
	1 = Very poor		2 = Poor		3 = Moderate		4 = Good		5 = Very good		6 = I don't know			
	1		2		3		4		5		6		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
	Adequacy													
	1	0.54	13	7.07	58	31.52	112	60.87					184	100
	Appropriateness													
	1	0.54			15	8.15	60	32.61	107	58.15	1	0.54	184	100
F8. Based on your observation, how satisfied were the children beneficiaries with the hot meals served.	Quality													
	1	0.54	1	0.54	11	5.98	59	32.07	111	60.33	1	0.54	184	100
	Rating Score				Frequency				Percent				Cumulative	
	Highly dissatisfied				2				1.09				1.9	
	Moderately dissatisfied													
	Neutral				5				2.72				3.8	
	Moderately satisfied				48				26.09				29.89	
	Highly satisfied				128				69.57				99.46	
	I don't know				1				0.54				100	
	Total				184				100					

Annex B: Summary Scores for KEQs

Variable	Obs	Mean	Std. Dev.	Min	Max
Relevance	184	13.32609	1.945198	3	15
Effectiveness - Outcome	183	34.6612	4.533753	24	40
Effectiveness - Output	179	43.54749	4.753678	29	50
Effectiveness - Implementation	127	146.7087	12.95236	103	165
Efficiency	143	128.6154	15.52051	91	161
Coherence	184	32.40217	12.25241	18	72

Annex C: Summary Scores for KEQs by Region

Region	Relevance	Effectiveness - Outcome	Effectiveness - Output	Effectiveness - Implementation	Efficiency	Coherence
CAR	12.9	34.4	41.4	139.0	119.9	30.1
NCR	14.3	37.0	46.5	156.6	140.5	36.0
I	13.1	34.2	44.2	152.3	130.8	30.1
II	14.4	37.8	45.0	143.8	131.5	35.8
III	13.5	35.3	44.3	151.4	131.1	36.6
IV-A	13.8	36.0	45.3	150.5	130.0	35.0
IV-B	12.4	33.2	42.3	150.0	127.4	26.0
V	13.2	33.9	42.4	140.8	124.3	27.4
VI	12.9	34.5	42.4	150.1	128.1	33.4
VII	13.3	34.0	43.4	143.8	130.9	34.0
VIII	13.5	33.3	41.3	134.0	126.0	29.4
IX	13.1	32.0	40.6	133.5	122.5	25.6
X	13.6	35.4	44.7	146.8	127.1	29.9
XI	13.9	35.7	45.0	152.5	138.0	35.9
XII	13.1	34.4	44.1	150.8	125.2	33.7
XIII	12.9	34.1	43.4	147.4	130.8	36.6

Annex D: Process Evaluation Framework

Questions	Indicator	Sources (such as but not limited to the ff:)	Method						
			Desk Re-search	Survey	SP KII	SP FGD	Client FGD	SP Observation	SP Workshop
Relevance: To what extent was the SFP relevant?									
To what extent is the SFP's TOC sound?	<ul style="list-style-type: none">• TOC soundness based on SP perception• TOC soundness based on RRL	<ul style="list-style-type: none">• MDGs/SDGs• PPANs, NNS• AOs, MCs,• Dep. Performance Reports• TOC	✓	✓	✓	✓			✓
To what extent are the SFP's objectives expected to contribute to the national strategies / DSWD's organizational outcomes?	<ul style="list-style-type: none">• Level of alignment of expected SFP outcomes, and national strategies and organizational outcomes	<ul style="list-style-type: none">• MDGs/SDGs• PPANs, NNS• AOs, MCs,• Dep. Performance Reports• TOC	✓	✓	✓	✓			✓
Are the SFP's objectives still valid in the current context? To what extent has the SFP the program been responsive to changes in the government's strategic directions, if any?	<ul style="list-style-type: none">• Level of responsiveness of SFP outcomes to the changes in government strategic directions.	<ul style="list-style-type: none">• NNS, OTP data• RAs• PDP	✓	✓	✓	✓			✓
Are the activities and outputs of the program consistent with the intended outcomes and impacts?	<ul style="list-style-type: none">• Program Accomplishment rate• Improvement on Children's Nutritional Status• Leakage rate (served, but not target beneficiary)• Under-coverage rate (not served, but target children)	<ul style="list-style-type: none">• TOC/RF• AOs, MCs• Manuals, Guidelines• RRL	✓	✓	✓	✓			✓
Coherence: To what extent was the SFP coherent?									
To what extent is the SFP maximizing synergies with other programs of DSWD?	<ul style="list-style-type: none">• # of partnership with stakeholders (internal & external)• Frequency of meetings/dialogues with stakeholders (internal & external)	<ul style="list-style-type: none">• Survey/KII/FGD/ workshop doc.• Program doc.	✓	✓	✓	✓		✓	✓
To what extent is the SFP maximizing synergies with other programs outside DSWD (CSOs, development partners, other government agencies)?	<ul style="list-style-type: none">• # of partnership with stakeholders (internal & external)• Frequency of meetings/dialogues with stakeholders (internal & external)	<ul style="list-style-type: none">• Survey/KII/FGD/ workshop doc.• Program doc.	✓	✓	✓	✓	✓		✓
To what extent is the SFP consistent with similar best practice programs	<ul style="list-style-type: none">• Similarities and differences in program design with local and international programs	<ul style="list-style-type: none">• Survey/KII/FGD/ workshop doc.• Program doc.• RRL	✓	✓	✓	✓			✓

Questions	Indicator	Sources (such as but not limited to the ff:)	Method						
			Desk Re- searc h	Surve y	SP KII	SP FGD	Client FGD	SP Observ ation	SP Work shop
implemented by local and international organizations?									
Effectiveness: To what extent was the SFP effective?									
To what extent is the SFP being implemented as planned, i.e. following prescribed processes and standards?	<ul style="list-style-type: none"> • Implementation status • Program Accomplishment rate 	<ul style="list-style-type: none"> • Implementation Reports • Accomplishment Reports 	✓	✓	✓	✓	✓	✓	✓
How do the beneficiaries perceive the program? How satisfied are the beneficiaries? To what extent did they utilize the interventions?	<ul style="list-style-type: none"> • Parents/Children satisfaction rating • Child's Attendance in SFP • Parent's Attendance in PEF 	<ul style="list-style-type: none"> • C FGD 	✓	✓			✓		✓
To what extent did the program integrate socio-economic status (e.g. Pantawid beneficiaries, gender, cultural diversity, religion, disability and geographically isolated and disadvantaged areas (GIDA)) in the delivery of services?	<ul style="list-style-type: none"> • Presence of disaggregated data • Degree to which data on socio-economic status is utilized in SFP planning • Degree to which data on socio-economic status is utilized in SFP implementation 	<ul style="list-style-type: none"> • SP KII/FGD • database/reports • Strat. Plan • Implementation reports 	✓	✓	✓	✓		✓	✓
What facilitated and/or hindered the achievement of these objectives?	<ul style="list-style-type: none"> • Facilitating and Hindering Factors on achieving the objectives based on SP perception 	<ul style="list-style-type: none"> • SP KII/FGD • RRL 	✓	✓	✓	✓	✓	✓	✓
Efficiency: To what extent was the SFP efficient?									
Financial Resources									
Were there adequate financial resources?	<ul style="list-style-type: none"> • Planned vs actual funds (requested/allocated/obligated/utilized/liquidated) • Planned vs Administrative cost • Planned vs. Actual Output/Outcome 	<ul style="list-style-type: none"> • SP KII/FGD • Accomplishment (Physical & Financial) Reports • Strat. Plan • Implementation reports 	✓	✓	✓	✓		□	✓
Were funds managed and coordinated efficiently?	<ul style="list-style-type: none"> • Efficiency of fund management and coordination based on SP perception • Presence of fund management & coordination mechanism • Wastage (unnecessary spending due to inefficient resource management) 	<ul style="list-style-type: none"> • SP KII/FGD • Financial Reports 	✓	✓	✓	✓			✓
How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual,	<ul style="list-style-type: none"> • Presence/absence, utilization of policies • Presence/absence, utilization of plans • Presence/absence, utilization of M&E system • Presence/absence, utilization of operations manual 	<ul style="list-style-type: none"> • SP KII/FGD • Policies • Plans • M&E doc. • Operations Manual 	✓	✓	✓	✓			✓

Questions	Indicator	Sources (such as but not limited to the ff:)	Method						
			Desk Re- searc h	Surve y	SP KII	SP FGD	Client FGD	SP Observ ation	SP Work shop
coordination mechanisms) to support the allocation of financial resources?	<ul style="list-style-type: none"> • Presence/absence, utilization of coordination mechanism • Presence/absence, utilization of other structures & processes • Hindering & Facilitating Factors • Learnings 	<ul style="list-style-type: none"> • Coordination doc. • Admin/ Financial doc. 							
Did the costs justify the outputs and actual outcomes?	<ul style="list-style-type: none"> •Planned vs. Actual Cost •Planned vs. Actual Outputs •Planned vs. Actual Results 	KII/FGD doc. Program doc.	✓	✓	✓	✓			✓
How does the SFP differ with other feeding programs? Are there any duplications?	<ul style="list-style-type: none"> • Similarities and differences with other Feeding Program Mapping 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. • RRL 	✓	✓	✓	✓			✓
Are there other ways/approaches to achieve the results with less funds	<ul style="list-style-type: none"> • Perception of SP • Approaches of other programs 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. • RRL 	✓	✓	✓	✓			✓
Human Resources Were there adequate human resources? Did they have sufficient competency to implement the program as intended?	<ul style="list-style-type: none"> • Adequacy based on staff perception • Adequacy based on parent members of CDSPGs/SNPPGs perception • # SFP personnel/people per primary process (TBD: selection, social preparation, procurement, feed implementation, monitoring, reporting, management, technical assistance) • quality/capacity of human resource per process • Staff to child ratio • Staff to CDS/SNP parent group member ratio 	<ul style="list-style-type: none"> • SP KII/FGD • HR database • Beneficiary database 	✓	✓	✓	✓	✓	✓	✓
How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual, coordination mechanisms) to support the allocation of human resources?	<ul style="list-style-type: none"> • Presence/absence, utilization of policies • Presence/absence, utilization of plans • Presence/absence, utilization of M&E system • Presence/absence, utilization of operations manual • Presence/absence, utilization of coordination mechanism • Presence/absence, utilization of other structures & processes • Hindering & Facilitating Factors • Learnings 	<ul style="list-style-type: none"> • SP KII/FGD • Policies • Plans • M&E doc. • Operations Manual • Coordination doc. • Admin/ HR doc. 	✓	✓	✓	✓			✓
Are there other ways/approaches to achieve the results with less human resources?	<ul style="list-style-type: none"> • Perception of SP • Approaches of other programs 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. • RRL 	✓	✓	✓	✓			✓
Time To what extent was the time given / allowed for the implementation of the SFP	<ul style="list-style-type: none"> • Planned vs actual implementation 	<ul style="list-style-type: none"> • SP KII/FGD Reports • Strat. Plan • Implementation Status reports 	✓	✓	✓	✓	✓		✓

Questions	Indicator	Sources (such as but not limited to the ff:)	Method						
			Desk Re- searc h	Surve y	SP KII	SP FGD	Client FGD	SP Observ ation	SP Work shop
sufficient?									
Was time managed and coordinated efficiently?	<ul style="list-style-type: none"> • Efficiency of time management and coordination based on SP perception • Presence of time management & coordination mechanism 	<ul style="list-style-type: none"> • SP KII/FGD • Program doc. 	✓	✓	✓	✓			✓
How established were the structures and processes (e.g. presence of policies, plans, M&E system, operations manual, coordination mechanisms) to support the timely implementation of the SFP?	<ul style="list-style-type: none"> • Presence/absence, utilization of policies • Presence/absence, utilization of plans • Presence/absence, utilization of M&E system • Presence/absence, utilization of operations manual • Presence/absence, utilization of coordination mechanism • Presence/absence, utilization of other structures & processes • Hindering & Facilitating Factors • Learnings 	<ul style="list-style-type: none"> • SP KII/FGD • Policies • Plans • M&E doc. • Operations Manual • Coordination doc. • Admin doc. 	✓	✓	✓	✓			✓
Are there other ways/approaches to achieve the results with less time?	<ul style="list-style-type: none"> • Perception of SP • Approaches of other programs 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. • RRL 	✓	✓	✓	✓			✓
Sustainability: To what extent was the SFP sustainable?									
To what extent are the SFP's benefits continue after the completion of its implementation cycle?	<ul style="list-style-type: none"> *Wasting and Stunting Rate Baseline, Target, at end of cycle, and at present *% of parents that are capable in providing primary nutritional needs to their children *# of children with improved nutritional status at Baseline, Target, at end of cycle, and at present 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. 	✓	✓	✓	✓			✓
To what extent were the beneficiaries (children and parents) capacitated to be able to sustain the benefits of SFP?	<ul style="list-style-type: none"> *capacity building plan *capacity building implementation (frequency, content) *# of parents who participated in PEF * # of parents who participated in CDS/SNP parents group activities * # of children who participated in feeding that involves capacity building (lessons) 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. 	✓	✓	✓	✓	✓		✓
How are the positive effects of the interventions going to be sustained after the completion of the program?	<ul style="list-style-type: none"> *Presence of sustainability (after SFP) plan in synergy with LGUs and NGAs *Presence of sustainability (after SFP) service/mechanism in synergy with LGUs and NGAs *Presence of after program partnership with LGUs and NGAs *Presence of after Program M&E 	<ul style="list-style-type: none"> • KII/FGD doc. • Program doc. 	✓	✓	✓	✓			✓
Impact: To what extent is the expected impact from SFP?									

Questions	Indicator	Sources (such as but not limited to the ff:)	Method						
			Desk Re- searc h	Surve y	SP KII	SP FGD	Client FGD	SP Observ ation	SP Work shop
What direct and indirect impact (positive and negative) can we expect from the SFP?	RF Outcome Indicators (e.g. Child's nutritional status)	•KII/FGD doc. Program doc.	✓	✓	✓	✓	✓		✓
To what extent did SFP contribute to the national goal of addressing malnutrition?	National goal of addressing malnutrition (PPAN?) vis-à-vis SFP outputs/outcome (e.g. Stunting Rate Baseline, Target, and Endline)	•KII/FGD doc. •Program doc.	✓	✓	✓	✓			✓

Annex E: Survey Tool

Introduction:

Supplementary Feeding Program (SFP) is the provision of food in addition to the regular meals to children currently enrolled in the Child Development Centers (CDCs) and Supervised Neighbourhood Play (SNP). This is part of the DSWD's contribution to the Early Childhood Care and Development (ECCD) program of the government. Local Government Units (LGUs), through the Local Social Welfare and Development Offices (LSWDOs), help DSWD implement the SFP. With the implementation guidelines developed by DSWD, LGUs manage funds and provide overall guidance and technical assistance to the CDC/SNP workers who directly supervise parent groups in the conduct of daily feeding. The 8th implementation cycle of SFP covers the provision of supplementary meals to children for 120 days in CDCs and SNPs nationwide in School Year 2018-2019.

The involvement of several entities in SFP implementation results in a very complicated process. Operational challenges arise including those related to fund liquidation and procurement. Noting that the SFP has not been evaluated since its inception, DSWD is conducting this Process Evaluation study to help the Department improve the implementation of future SFP cycles. Its immediate need is to inform the Department in implementing the impending devolution of SFP implementation to the LGUs in the coming years.

With this, we would like to conduct a survey to gather your insights and understand your perspectives to help us understand the 8th Cycle implementation of SFP. We would like to remind you that all the information will be strictly kept confidential and be used only for the purpose of the survey. Your participation will greatly help in improving the implementation of SFP.

Would you like to participate in the study and take this survey?

- ☐ Yes
- ☐ No

SURVEY QUESTIONNAIRE (Module 1 of 3) **Respondent and City / Municipality Profile**

The following items are meant to gather information about the person completing these questionnaires and the City / Municipality that he/she represents. Please complete this questionnaire to give the evaluation team proper context in the analysis. Your individual answers will be treated with strict confidentiality. Analysis will be done on the aggregate - that is, the individual rating of your City / Municipality will not be revealed. Prospective respondents are SFP focal persons within the LGU who got involved in and are knowledgeable about the 8th cycle implementation of SFP. Certain information may be collected by the respondent from other offices within the LGU.

1. Kindly fill in the information about the respondent requested below.

Respondent's Profile	
Name of Respondent	
Position title	
Number of years in the current position	
Department / Office	
Number of years in the current Department / Office	
Email Address	
Mobile number	
Date of Birth (mm/dd/yyyy)	

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Role in implementing SFP Cycle 8	

2. How would you characterize the degree of your involvement (this refers to the person responding to this survey) in the following activities in relation to the implementation of SFP Cycle 8? Use the following rating scale and put an X in the appropriate space on the right.

1 = None, 2 = Very Low, 3 = Low, 4 = Moderate, 5 = High, 6 = Very High, 7 = Not Applicable

SFP Implementation Activities	1	2	3	4	5	6	7
Targeting of beneficiaries (preparation of initial master list for DSWD's budget request to DBM)							
LGU-level SFP Planning							
Identification of beneficiaries (finalization of master list)							
Fund Management: Fund Transfer from LGU to Barangay or CDC Parent Group							
Fund Management: Procurement and Delivery of goods and utensils							
Social Preparation: Deworming							
Social Preparation: Vitamin A Supplementation							
Social Preparation: Parent Effectiveness Session (SFP Orientation)							
Social Preparation: Organization of Parent Group							
Parent Effectiveness Session: Conduct of 9 health / nutrition education sessions for the parents							
Feeding Session: Preparation of menu and meals equivalent to 1/3 RENI							
M&E: Supervision of feeding sessions in the CDCs/SNPs							
M&E: Preparation of monitoring reports							
Fund Management: Consolidation and Submission of Liquidation Report to DSWD-Field Office							
Other tasks (Please specify)							

3. Kindly fill in the information about your City / Municipality requested below.

City / Municipality Profile	
Name of City / Municipality	
Total Number of LGU regular Employees (Male, Female)	_____Male _____Female
Total Number of regular LGU employees assigned to the implementation of Cycle 8 of the SFP (Male, Female)	_____Male _____Female
Total Number of regular employees assigned to the implementation of Cycle 8 of the SFP – City/Municipality Level (Male, Female)	_____Male _____Female
Total Number of human resources assigned to the implementation of Cycle 8 of the SFP – CDC Level (Male, Female)	Employees: _____Male _____Female Parents/Caregivers: _____Male _____Female
Total Number of human resources assigned to the implementation of Cycle 8 of the SFP – SNP Level	Employees: _____Male _____Female Parents/Caregivers: _____Male _____Female
Primary Food Crops (if any)	
Total Number of Households (indicate year of data)	

City / Municipality Profile	
Seal of Good Local Governance Recipient:	<input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019
SFP Budget Requested for 8 th cycle	
SFP Budget Allocated (to DSWD for the LGU)	
SFP Budget Downloaded to the LGU	
SFP Budget Utilized	
SFP Budget Liquidated	
Quantity of SFP Equipment (Indicate if SFP Specific or Shared with other Programs)	<input type="checkbox"/> Desktop (SFP Specific / Shared with other Programs) <input type="checkbox"/> Laptop (SFP Specific / Shared with other Programs) <input type="checkbox"/> Printer (SFP Specific / Shared with other Programs) <input type="checkbox"/> Internet Connection (SFP Specific / Shared with other Programs) <input type="checkbox"/> Landline (SFP Specific / Shared with other Programs) <input type="checkbox"/> Mobile Phones (SFP Specific / Shared with other Programs) <input type="checkbox"/> Weighing Scale (SFP Specific / Shared with other Programs) <input type="checkbox"/> Height Measurement Tool (SFP Specific / Shared with other Programs) <input type="checkbox"/> Others. Please specify: <input type="checkbox"/> (SFP Specific / Shared with other Programs)
Main Source of Drinking Water	<input type="checkbox"/> Tap Water <input type="checkbox"/> Water Pump (<i>Poso</i>) <input type="checkbox"/> Water Distillery Stations
Total Number of Pubic Primary Schools (Elementary Schools)	
Total Number of Public Markets	
Total Number of Barangay Health Centers	
Total Number of Community Food Gardens	
Total Number of CDCs	
Total Number of CDCs Served	
Total Number of Underweight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of Normal Weight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of Overweight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Unique Number of Parents/Caregivers participated in Parent Effectiveness Sessions in CDCs (Male, Female)	Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of SNPs	
Total Number of SNPs Served	
Total Number of Underweight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of Normal Weight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Number of Overweight Children (Male, Female)	Baseline weight: <input type="checkbox"/> Male <input type="checkbox"/> Female After Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female
Total Unique Number of Parents/Caregivers participated in	Cycle 8 Implementation: <input type="checkbox"/> Male <input type="checkbox"/> Female

City / Municipality Profile	
Parent Effectiveness Sessions in SNPs (Male, Female)	

SURVEY QUESTIONNAIRE (Module 2 of 3)
Evaluation of the SFP Cycle 8 Implementation

The following items are meant to gather the perception of the person completing this questionnaire about the effectiveness, efficiency, sustainability and potential impact of the SFP Supplementary Feeding Program Cycle 8. Please give your honest and candid answer. The success of the implementation of future SFP Cycles will greatly benefit from the results of this survey. Your individual answers will be treated with strict confidentiality. Analysis will be done on the aggregate - that is, the individual rating of your City / Municipality will not be revealed. There are no right or wrong answers to this survey.

I1. Based on your assessment, to what extent was SFP Cycle 8 integrated in the Annual Investment Plan of your City / Municipality? Put an **X** in the appropriate space provided below.

- ☐ Not at all
- ☐ Little extent
- ☐ Moderate extent
- ☐ Large extent
- ☐ Very large extent
- ☐ I don't know

I2. Based on your assessment, to what extent were the following categories integrated in the planning process for the SFP Cycle 8? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Category	1	2	3	4	5	6
Sex of the child						
Religion of the child						
Income status						
Ethnicity						
Location of the child (e.g. GIDA)						
Presence of disability						
Presence of critical illness						
Nutritional Status						

I3. In your opinion, to what extent are the following items established in your City / Municipality to support the implementation of SFP Cycle 8? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Structures and Processes	1	2	3	4	5	6
Guidelines and Policies						
SFP Operations Manual						
Nutritional Status Database						
Profiling of beneficiaries						
M&E System						
Coordination mechanisms						

Structures and Processes	1	2	3	4	5	6
Time management						
Capacity Building Plan						
Physical and Financial Plan						
Sustainability/Post-feeding plan in synergy with LGUs and NGAs						
Sustainability/Post-feeding mechanisms in synergy with LGUs and NGAs						
M&E mechanisms for post-implementation of SFP						

14. In your opinion, to what extent are the resources sufficient to support the implementation of SFP Cycle 8 in your City / Municipality? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Resources	1	2	3	4	5	6
Number of LGU staff involved in the implementation of SFP Cycle 8						
Quality/competency of human resources						
Financial resources						
Time allocated for SFP implementation						
Number of partners						
Number of volunteers						
Number of parents involved in the implementation						
Number of CDC workers						
Number of health workers						
Number of suppliers						

15. Please indicate your level of agreement to the following statements pertaining to the activities / processes conducted by your City / Municipality in relation to the SFP Cycle 8. Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Strongly disagree, 2 = Moderately disagree, 3 = Neutral, 4 = Moderately agree, 5 = Strongly agree, 6 = Not applicable

Statements	1	2	3	4	5	6
TARGETING & STRATEGIC PLANNING						
All target beneficiaries (in the initial master list) were included in the GAA budget						
All target beneficiaries in the LGU were covered by SFP						
The MOA between the LGU and DSWD was signed and completed by the 1 st quarter of the year						
The LGU opened a bank account solely for SFP						
IDENTIFICATION OF BENEFICIAIRES						
There were beneficiaries in the initial master list that were excluded in the final master list						
There were beneficiaries not in the initial master list that were included in the final master list						
FUND MANAGEMENT						
The fund for SFP implementation was well-managed						
The City / Municipality received the SFP fund from DSWD in a timely manner						
Procurement of goods and utensils for SFP Cycle 8 was efficient						
Procurement was done properly based on legal standards						
The City / Municipality procured SFP supplies before June						
At least 30% of the food supplies were procured from the poor local farmers in the community						

Statements	1	2	3	4	5	6
There were no issues on liquidation of funds						
There were no COA findings on SFP Cycle 8						
SOCIAL PREPARATION						
100% of children beneficiaries were dewormed before the start of the 120 day feeding sessions						
100% of children beneficiaries supplemented with Vitamin A before the start of the 120 day feeding sessions						
100% of children beneficiaries' height and weight were measured before the start of the 120 day feeding sessions						
100% of CDCs and SNPs conducted at least 1 Parent Effectiveness Session before the start of the 120 day feeding sessions						
100% of CDCs and SNPs successfully organized a parent group before the start of the 120 day feeding session						
100% of CDCs were able to conduct 9 Parent Effectiveness Sessions						
100% of CDCs were able to conduct Parent Effectiveness Session on Health and Nutrition module						
100% of CDCs were able to conduct Parent Effectiveness Session on Family and Parenting						
FEEDING						
The City / Municipality received from DSWD the cycle menu reflecting 1/3 RENI per meal						
The City / Municipality distributed the cycle menu with menu adjustments to all CDCs and SNPs						
The City / Municipality distributed the adjusted cycle menu reflecting 1/3 RENI to all CDCs and SNPs						
Parent groups always prepared the supplementary food equivalent to 1/3 RENI						
Portioning of served food was equivalent to 1/3 RENI						
The rice served during feeding was always iron-fortified						
Children beneficiaries washed their hands with soap before every feeding session						
Children beneficiaries washed their hands with soap after every feeding session						
Children beneficiaries prayed before every SFP meal						
Children beneficiaries prayed after every SFP meal						
Children beneficiaries brushed their teeth after every SFP meal						
MONITORING & TECHNICAL ASSISTANCE						
Children beneficiaries' height and weight were monitored as required based on standards						
Supervision of feeding sessions in the CDCs was conducted once a week						
DSWD was able to conduct a monitoring visit in the City / Municipality						
Data / information on beneficiaries was disaggregated based on required disaggregation						
The City / Municipality received technical assistance from the DSWD-FO						
Other than the target beneficiaries, there were other children who received supplemental feeding						
OTHERS						
The SFP duplicates other feeding programs implemented by the LGU						
In my personal opinion, there could have been more efficient ways to implement the SFP						
There was enough DSWD staff allocated to implement the SFP Cycle 8						
There was enough City / Municipality staff allocated to implement the SFP Cycle 8						
SFP Cycle 8 was implemented as scheduled						
Time was managed and coordinated efficiently						
There other ways / approaches to achieve SFP's objectives with less funds						

Statements	1	2	3	4	5	6
There other ways / approaches to achieve SFP's objectives with less human resources						
There other ways / approaches to achieve SFP's objectives with less time						

Partnerships

P1. Did your City / Municipality collaborate with (internal & external) partners in implementing SFP Cycle 8?

- ☐ Yes (*Proceed to P2*)
- ☐ No (*Proceed to the next section: Capacity Building*)
- ☐ I don't Know (*Proceed to the next section: Capacity Building*)

P2. Please identify your internal & external partners.

- ☐ Program Management Offices of other DSWD programs besides SFP (e.g. Pantawid Pamilyang Pilipino Program, Sustainable Livelihood Program)
- ☐ Non-government Organizations
- ☐ Department of Education
- ☐ Department of Agriculture – National Meat Inspection Service
- ☐ National Food Authority
- ☐ Department of Health
- ☐ Cooperatives
- ☐ Development Partners
- ☐ Private Organizations
- ☐ Others (Please specify) _____

P3. How frequent did you conduct meetings with your partners during the SFP Cycle 8? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always, 6 = I don't know

Category	1	2	3	4	5	6
DSWD Program Management Offices						
Non-government Organizations						
Department of Education						
Department of Agriculture – National Meat Inspection Service						
National Food Authority						
Department of Health						
Cooperatives						
Development Partners						
Private Organizations						
Others (Please specify)						

P4. To what extent did you include in your office reports your partners' contributions/assistance? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Category	1	2	3	4	5	6
DSWD Program Management Offices						
Non-government Organizations						
Department of Education						
Department of Agriculture – National Meat Inspection Service						
National Food Authority						
Department of Health						
Cooperatives						
Development Partners						
Private Organizations						
Others (Please specify)						

Capacity building

C1. On the average, how many Parent Effectiveness Sessions did the CDCs and SNPs in your City / Municipality conduct for SFP Cycle 8?

- ☐ 0-2
- ☐ 3-5
- ☐ 6-8
- ☐ 9 or more
- ☐ I don't know

C2. On the average, how many Parent Effectiveness Sessions did the parents in your City / Municipality attend in SFP Cycle 8?

- ☐ 0-2
- ☐ 3-5
- ☐ 6-8
- ☐ 9 or more
- ☐ I don't know

C3. On the average, to what extent did the parents participate in Parent Effectiveness Sessions?

- ☐ Not at all
- ☐ Little extent
- ☐ Moderate extent
- ☐ Large extent
- ☐ Very large extent
- ☐ I don't know

C4. On the average, to what extent did the children participate in health/nutrition education sessions?

- ☐ Not at all
- ☐ Little extent
- ☐ Moderate extent
- ☐ Large extent
- ☐ Very large extent
- ☐ I don't know

C4. In your opinion, how effective were the sessions in improving the participants' knowledge, attitudes and practices on nutrition and health?

- ☐ Highly ineffective

- ☐ Moderately ineffective
- ☐ Neutral
- ☐ Moderately effective
- ☐ Highly effective
- ☐ I don't know

C5. In your opinion, in general, to what extent were the beneficiaries satisfied with the training sessions they received? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Highly dissatisfied, 2 = Moderately Dissatisfied, 3 = Neutral, 4 = Moderately Satisfied, 5 = Highly satisfied,
6 = Not applicable

Category	1	2	3	4	5	6
Children beneficiaries						
Parents						

Conduct of Feeding Sessions

F1. When did you conduct supplementary feeding under SFP Cycle 8 in your City / Municipality (mm/yyyy)?

Start: _____
End: _____

F2. On the average, how often did the CDCs and SNPs in your City / Municipality conduct the supplementary feeding sessions per week?

- ☐ 1-2 days a week
- ☐ 3-4 days a week
- ☐ 5-6 days a week
- ☐ 7 days a week

F3. In general, when did the CDCs and SNPs in your City / Municipality usually provide the hot meals?

- ☐ Snack time
- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

F4. In your opinion, to what extent were the following considered in the actual implementation of the SFP Cycle 8 feeding sessions? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Category	1	2	3	4	5	6
Sex of the child						
Religion of the child						
Income status						
Ethnicity						
Location of the child (e.g. GIDA)						
Presence of disability						
Presence of critical illness						

Category	1	2	3	4	5	6
Nutritional Status						

F5. To what extent did the parents participate in preparing the snacks / meals given in SFP Cycle 8?

- ☐ Not at all
- ☐ To a little extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent
- ☐ I don't know

F6. To what extent did the children beneficiaries participate in the conduct of the feeding sessions?

- ☐ Not at all
- ☐ To a little extent
- ☐ To a moderate extent
- ☐ To a large extent
- ☐ To a very large extent
- ☐ I don't know

F7. Please rate the food provided in the SFP Cycle 8 in terms of adequacy, appropriateness and quality. Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Very poor, 2 = Poor, 3 = Moderate, 4 = Good, 5 = Very good, 6 = I don't know

Category	1	2	3	4	5	6
Adequacy						
Appropriateness						
Quality						

F8. Based on your observation, how satisfied were the children beneficiaries with the hot meals served?

- ☐ Highly dissatisfied
- ☐ Moderately dissatisfied
- ☐ Neutral
- ☐ Moderately satisfied
- ☐ Highly satisfied
- ☐ I don't know

Effects and Contributions of SFP

E1. Based on your assessment, to what extent did the SFP Cycle 8 contribute to the improvement of the following? Use the following rating scale and put an **X** in the appropriate space on the right.

1 = Not at all, 2 = Little extent, 3 = Moderate extent, 4 = Large extent, 5 = Very large extent, 6 = I don't know

Areas	1	2	3	4	5	6
Nutritional status of the child						
Children's knowledge on nutrition and health						
Children's attitude on nutrition and health						
Children's practices on nutrition and health						
Parents' knowledge on nutrition and health						
Parents' attitude on nutrition and health						
Parents' practices on nutrition and health						

Areas	1	2	3	4	5	6
CDC attendance of children						
SNP attendance of children						

E2. In your opinion, to what extent did the SFP Cycle 8 meet the health and nutrition needs of the children in your City / Municipality?

- ☐ Not at all
- ☐ Little extent
- ☐ Moderate extent
- ☐ Large extent
- ☐ Very large extent
- ☐ I don't know

E3. In your opinion, how relevant was the SFP Cycle 8 in contributing to the reduction of the malnutrition rate in your City / Municipality?

- ☐ Highly irrelevant
- ☐ Moderately irrelevant
- ☐ Neutral
- ☐ Moderately relevant
- ☐ Highly relevant
- ☐ I don't know

E4. In your opinion, to what extent are the objectives of the SFP Cycle 8 valid in your City / Municipality?

- ☐ Not at all
- ☐ Little extent
- ☐ Moderate extent
- ☐ Large extent
- ☐ Very large extent
- ☐ I don't know

Post-Implementation of the SFP Cycle 8

PI1. In your view, how likely will the positive effects of the SFP Cycle 8 be sustained?

- ☐ Highly unlikely
- ☐ Unlikely
- ☐ Somewhat likely
- ☐ Likely
- ☐ Highly Likely

PI2. In your view, how capacitated were the parents to provide the primary nutritional needs of their children **before** they participated in the activities of the SFP Cycle 8?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Much
- ☐ Very much

PI3. In your view, how capacitated were the parents to provide the primary nutritional needs of their children **after** they participated in the activities of the SFP Cycle 8?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Much

- ☐ Very much

PI4. If no fund transfer from DSWD will be provided, in your opinion, will your City / Municipality have the resources to implement future cycles of SFP?

- ☐ Not at all
☐ A little
☐ Somewhat
☐ Much
☐ Very much

PI5. If no technical assistance from DSWD will be provided, in your opinion, will your City / Municipality, have the capacity to implement future cycles of SFP?

- ☐ Not at all ☐ Much
☐ A little ☐ Very much
☐ Somewhat

SURVEY QUESTIONNAIRE (Module 3 of 3)
 Compliance to the SFP Cycle 8 Implementation Procedure and Required Documents

The following items are meant to gather information about the processes and activities conducted during the Supplementary Feeding Program Cycle 8. Please provide the answers **based on the appropriate means of verification/data source**. The success of the implementation of future SFP Cycles will greatly benefit from the results of this survey. Your individual answers will be treated with strict confidentiality. Analysis will be done on the aggregate - that is, the individual answers of your City / Municipality will not be revealed.

1. Please fill-in the table with information on **planning, resources, and identification of beneficiaries** for SFP Cycle 8.

Planning, Resources and Identification of Beneficiaries		
Items	Answer	Means of Verification
Date of forging Memorandum of Agreement (MOA) between DSWD-FO and LGU	(dd/mm/yyyy): _____	Signed MOA between DSWD-FO and LGU
Date of forging Specific Implementation Agreement (SIA) with DSWD FO on SFP	(dd/mm/yyyy): _____	Signed SIA between DSWD-FO and LGU
Number of violations to the provisions of SIA		SFP Completion Report
Existence of City/Municipality Nutrition Action Plan (C/MNAP)	(Yes/No): _____	C/MNAP
Inclusion of SFP in the C/MNAP	(Yes/No): _____	C/MNAP
C/MNAP integrated in the local development plan	(Yes/No): _____	City/Municipality Development Plan
C/MNAP integrated in the Annual Investment Plan	(Yes/No): _____	Annual Investment Plan
Allocated budget per child per day for 120 days for hot meal or alternative meal feeding	Php _____	Special Allotment Release Order (SARO); MOA
Allocated budget per child for the eating utensils	Php _____	SARO, MOA

Planning, Resources and Identification of Beneficiaries		
Allocated budget per CDC/SNP for cooking utensils	Php _____	SARO, MOA
Allocated budget per child for hand soap, toothbrush, toothpaste, and other toiletry items	Php _____	LGU Financial Plan
Amount of financial resource augmented by LGU (if the LGU catered beyond the target no. of beneficiaries)	Php _____	LGU Financial Plan
Date of approval of project proposal	(dd/mm/yyyy): _____	Project proposal approved by DSWD-FO
C/MSWDO designated as Focal Person	(Yes/No): _____	Special Order
Number of personnel designated for SFP capacitated/ oriented		Orientation attendance; Evaluation of participants on the orientation
Existence of fully functional local nutrition committee	(Yes/No): _____	Local Nutrition Committee Functionality Checklist
Compliance with all indicators in the Local Nutrition Committee Functionality Checklist	(Yes/No): _____	
ECCD-IS utilized by LGU	(Yes/No): _____	ECCD-IS log sheet
Number of desktops/laptops used for ECCD-IS		Inventory of ICT equipment
Access to internet	(Yes/No): _____	
Number of CDCs/SNPs with access to ECCD-IS		ECCD Facility Profile
Number of beneficiaries covered by ECCD-IS		Children Served Profile/Children Summary Report
Number of CDCs/SNPs with functional weighing scales		LSWDO's Accomplishment Report
Number of CDCs/SNPs with functional eating utensils		LSWDO's Accomplishment Report
Number of CDCs/SNPs with functional cooking utensils		LSWDO's Accomplishment Report
Number of identified beneficiaries		Masterlist of beneficiaries
Number of CDCs/SNPs with complete baseline nutritional status of children beneficiaries		Profile of beneficiaries
Number of CDCs/SNPs with complete intake forms for beneficiaries		Compiled intake forms of all beneficiaries

2. Please fill-in the table with information on **procurement and liquidation processes** for SFP Cycle 8.

Procurement Processes		
Items	Answer	Means of Verification
Existence of certificate of availability of funds for pre-procurement	(Yes/No): _____	Certificate of availability of funds
Percentage of rice and non-rice-based snacks procured from National Food Authority-Regional Office (NFA-RO) <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%		Contract between LGUs and NFA-RO/smallholder farmers
Percentage of food supplies procured from the poor and/or smallholder farmers <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%		
Mode of procurement employed in procuring food supplies		
Percentage of purchases/procurements supported by appropriate documents <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%		Official receipts, RER/acknowledgment receipts/statement of market purchases, invoices, billings and other supporting documents
Percentage of orders in compliance with contract criteria <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%		
Percentage of orders delivered on time <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100%		
Liquidated amount either verified and audited or stamped by the Commission on Audit (COA)	(Yes/No): _____	Liquidation report
Date of submission of full liquidation of funds released to C/MLGU 30 days after the completion of the program for transparency and accountability	(dd/mm/yyyy): _____	

Procurement Processes		
Items	Answer	Means of Verification
Number of COA findings re: procurement		COA Audit Observation Memorandum (AOM)

3. Please fill-in the table with information on **social preparation activities** for SFP Cycle 8.

Social Preparation		
Items	Answer	Means of Verification
Existence of bank account for DSWD-SFP with three (3) signatories: <ul style="list-style-type: none"> President of the Parent Group Treasurer of the Parent Group C/MSWDO 	(Yes/No): _____	Bank account details
Percentage of CDC/SNP workers oriented before the start of feeding <ul style="list-style-type: none"> <input type="checkbox"/> 0-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-100% 		LSWDO's Accomplishment Report
Number of children who received medical/check-up services		Medical records of children
Number of children who received deworming services		Medical records of children
Number of children who received Vitamin A supplementation		Medical records of children
Number of CDCs/SNPs with established Child Development Service Parents Group/SNP Parents Group		LSWDO's Accomplishment Report
Number of CDCs/SNPs receiving team building sessions from the LGUs before the feeding activities		LSWDO's Accomplishment Report
Number of Barangays which conducted assemblies/meetings on SFP at least once		Documentation report; LSWDO's Accomplishment Report

4. Please fill-in the table with information on **conduct of feeding activities and learning sessions** for SFP Cycle 8.

Conduct of feeding activities and learning sessions		
Items	Answer	Means of Verification
Number of CDCs/SNPs with cycle menus based on FNRI		Cycle Menu
Number of CDCs/SNPs with cycle menu prepared by a Nutritionist-Dietician		

Conduct of feeding activities and learning sessions		
Items	Answer	Means of Verification
Number of CDCs/SNPs with Parent Committee on Food Preparation		Accomplishment Reports
Number of CDCs/SNPs that conducted hand washing before and after meals		
Actual number of children provided with SFP meals for 120 days		
Number of CDCs/SNPs that conducted prayer before and after meals		
Number of CDCs/SNPs that instructed beneficiaries to brush their teeth after meals		
Number of CDCs/SNPs that conducted feeding sessions for 120 days		
Number of CDCs/SNPs that conducted feeding sessions at least 5 times a week		
Number of CDCs/SNPs that provided beneficiaries with learning sessions on health and nutrition		
Number of CDCs/SNPs with quality of food ensured		Spoilage rate, satisfaction ratings
Number of CDCs/SNPs that conducted/organized at least nine (9) Parent Effectiveness Sessions -remove		Documentation Reports

5. Please fill-in the table with information on **monitoring and evaluation activities** for SFP Cycle 8.

Monitoring and Evaluation		
Items	Answer	Means of Verification
Number of CDCs/SNPs monitored and provided with technical assistance		Monitoring/TA reports
Number of CDCs/SNPs with daily attendance sheet		Compiled daily attendance sheets of beneficiaries submitted to the DSWD-FO
Frequency of submission of financial report to the FO <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semestral <input type="checkbox"/> Others, please specify		Reports submitted to the DSWD-FO
Frequency of submission of monitoring report to the FO <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semestral <input type="checkbox"/> Others, please specify		

Monitoring and Evaluation		
Items	Answer	Means of Verification
Frequency of submission of nutritional status report to the FO <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semestral <input type="checkbox"/> Others, please specify		

Annex F: Tool for Key Informant Interviews

For Office of the Undersecretary for Special Concerns

- I. Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the KII as well. He/she will remind the interviewee that the information that will be gathered through this KII will only be used for research purposes.
- II. Discussion Proper.** The facilitator will start asking the following guide questions:
 1. Can you briefly describe your major roles in the DSWD Child Development Technical Working Group?
 2. What are the organisation's priority thrusts and strategic goals for the children sector?
 3. In your opinion, how much does SFP contribute to the achievement of DSWD's organizational objectives?
 4. Do you think SFP is relevant in addressing malnutrition in the country? Why?
 5. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?
- III. Closing**

Is there anything else that you would like to add about any of the topics that we've discussed?
Are there other areas that we didn't discuss but you think are important?

Thank you for your time and participation in this interview. The information that you provided to us will be very helpful in this project.

For Office of the Undersecretary for Operations

- I. Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the KII as well. He/she will remind the interviewee that the information that will be gathered through this KII will only be used for research purposes.
- II. Discussion Proper.** The facilitator will start asking the following guide questions:
 1. Can you briefly describe the specific functions of your Office?
 2. In your opinion, how much does SFP contribute to the achievement of DSWD's organizational objectives?
 3. Do you think SFP is relevant in addressing malnutrition in the country? Why?
 4. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?
 5. With the impending devolution of SFP implementation to the LGUs in the coming years, do you think LGUs are ready enough to implement the program on their own?

III. Closing

Is there anything else that you would like to add about any of the topics that we've discussed? Are there other areas that we didn't discuss but you think are important?

Thank you for your time and participation in this interview. The information that you provided to us will be very helpful in this project.

For Office of the Assistant Secretary for Statutory Programs

I. Introduction. The facilitator will introduce him/herself and explain the objectives of the study and the KII as well. He/she will remind the interviewee that the information that will be gathered through this KII will only be used for research purposes.

II. Discussion Proper. The facilitator will start asking the following guide questions:

1. Can you briefly describe the specific functions of your Office?
2. In your opinion, how much does SFP contribute to the achievement of DSWD's organizational objectives?
3. Do you think SFP is relevant in addressing malnutrition in the country? Why?
4. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?
5. With the impending devolution of SFP implementation to the LGUs in the coming years, do you think LGUs are ready enough to implement the program on their own?

III. Closing

Is there anything else that you would like to add about any of the topics that we've discussed? Are there other areas that we didn't discuss but you think are important?

Thank you for your time and participation in this interview. The information that you provided to us will be very helpful in this project.

For the Program Management Bureau

I. Introduction. The facilitator will introduce him/herself and explain the objectives of the study and the KII as well. He/she will remind the interviewee that the information that will be gathered through this KII will only be used for research purposes.

II. Discussion Proper. The facilitator will start asking the following guide questions:

Note for Facilitator: Since the KII will be attended by SFP Focals of the Bureau, majority of the questions will be addressed to them. For questions with asterisk, please direct them to Dir. Wilma Naviamos.

1. Can you briefly describe the specific functions of your Bureau?
2. Can you briefly describe the major roles of SFP focal persons in the implementation of SFP?

3. Can you briefly describe your office structure? Is the staffing sufficient in number and competency to manage SFP? Why/ Why not?
4. Are the financial resources adequate to support the implementation of SFP?
5. How would you evaluate the sufficiency of time allocated for the implementation of the program? Is it enough to achieve the intended objectives of the program?
6. Were the resources mentioned in 3-5 managed efficiently? Why/why not?
7. How established are the following structures/mechanisms to support the implementation of SFP?
 - Guidelines and Policies
 - SFP Operations Manual
 - Beneficiary database
 - M&E System
 - Coordination mechanisms
8. What are the types of assistance provided to the DSWD-Field Offices and LGUs in the overall implementation of the program? How often do you conduct technical assistance or monitoring visits to the DSWD-FOs? LGUs?
9. What are the interventions provided to the LGUs, DSWD-FOs to improve their capacity to implement SFP? To what extent were they capacitated to ensure sustainability of SFP?
10. In your opinion, how much does SFP contribute to the achievement of DSWD's organizational objectives?
11. Do you think SFP is relevant in addressing malnutrition in the country? Why?
12. In your opinion, are the current interventions adequate to improve and/or sustain the beneficiaries' nutritional status? Why, why not?
13. How does SFP complement with other programs implemented by the DSWD and other organizations? What are the overlaps, if any? How are these addressed?
14. What are the facilitating factors in the implementation of SFP? Could you give us some examples of your good practices?
15. What are the issues or challenges encountered in the implementation of SFP? What measures have been undertaken to address these issues?
16. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?
17. With the impending devolution of SFP implementation to the LGUs in the coming years, do you think LGUs are ready enough to implement the program on their own?

III. Closing

Is there anything else that you would like to add about any of the topics that we've discussed? Are there other areas that we didn't discuss but you think are important?

Thank you for your time and participation in this interview. The information that you provided to us will be very helpful in this project.

Annex G: Tool for Focus Group Discussions
For Office of the Undersecretary for Special Conc

- I. **Facilitation of participants' consent.** The consent and confidentiality agreement will be read by the facilitator to the FGD participants. The facilitator should obtain the participants' verbal agreement to partake in the FGD before the start of the session. Participants may ask questions about the activity.
- II. **Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the FGD as well. He/she will remind the participants that all information that will be gathered through the FGD are completely confidential and will only be used for research purposes.

The participants will also be given time to introduce themselves:

- Name
- Age
- LGU
- Specific role in the company / corporation / enterprise

- III. **Discussion Proper.** The following are the guide questions for the facilitator:
 1. Can you briefly describe the nature of your company/corporation/enterprise? How big is your company/corporation/enterprise? How long have you been operating? What kind of goods and services do you offer? Are your supplies directly produced by your company/corporation / enterprise?
 2. Describe the selection process you underwent before being selected as a supplier for the implementation of the 8th Cycle of SFP?
 3. How was your experience as a supplier for the SFP? What are the facilitating factors in the procurement process?
 4. What are the issues or challenges encountered in the procurement process of SFP? How were these resolved? How did the LGU and DSWD assist you to address the issues?
 5. What are your recommendations to improve SFP's procurement process? What could be done to ensure the timely and efficient procurement of goods for SFP?
- IV. To close, the facilitator should ask if there was anything else the participants would like to add about any of the topics discussed. Lastly, they should acknowledge the participants' time and participation in the activity and assure them that the information that they provided will be very helpful in the project.

LOCAL GOVERNMENT UNITS (LGUs)

- I. Facilitation of participants' consent.** The consent and confidentiality agreement will be read by the facilitator to the FGD participants. The facilitator should obtain the participants' verbal agreement to partake in the FGD before the start of the session. Participants may ask questions about the activity.
- II. Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the FGD as well. He/she will remind the participants that all information that will be gathered through the FGD are completely confidential and will only be used for research purposes.

The participants will also be given time to introduce themselves:

- Name
- Age
- Office and position / designation
- Specific role in the implementation of SFP Cycle 8

- III. Discussion Proper.** The following are the guide questions for the facilitator:

1. What are the facilitating factors in the implementation of SFP Cycle 8 in your LGU? Could you give us some examples of your good practices?
 - SFP processes/systems/other activities which can be probed:
 - Planning and Budget Preparation
 - Targeting & Identification of Beneficiaries
 - Social Preparation
 - Procurement
 - Feeding
 - Parent Effectiveness Sessions
 - Monitoring and Evaluation
 - Liquidation
 - Resource Augmentation
2. What are the issues or challenges encountered in the implementation of SFP Cycle 8 in your LGU? How were these resolved?
 - SFP processes/systems/other activities which can be probed:
 - Planning and Budget Preparation
 - Targeting & Identification of Beneficiaries
 - Social Preparation
 - Procurement
 - Feeding
 - Parent Effectiveness Sessions
 - Monitoring and Evaluation
 - Liquidation
 - Resource Augmentation
3. How would you assess the administrative and technical support given to you by the (1) DSWD Field Office and (2) PSWDO in the overall implementation of the SFP?
4. Do you think the SFP had been relevant in improving the nutritional status of your beneficiaries?
5. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?

- IV.** To close, the facilitator should ask if there was anything else the participants would like to add about any of the topics discussed. Lastly, they should acknowledge the participants' time and participation in the activity and assure them that the information that they provided will be very helpful in the project.

CHILD DEVELOPMENT CENTER (CDC) WORKERS

- I. **Facilitation of participants' consent.** The consent and confidentiality agreement will be read by the facilitator to the FGD participants. The facilitator should obtain the participants' verbal agreement to partake in the FGD before the start of the session. Participants may ask questions about the activity.
- II. **Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the FGD as well. He/she will remind the participants that all information that will be gathered through the FGD are completely confidential and will only be used for research purposes.

The participants will also be given time to introduce themselves:

- Name
- Age
- LGU and name of Child Development Center (CDC)
- Specific role in the implementation of SFP Cycle 8

- III. **Discussion Proper.** The following are the guide questions for the facilitator:

1. Describe your overall experience in implementing the 8th Cycle of SFP in your CDC.
 - Factors / activities which can be probed:
 - Participation of children and parents in the conduct of feeding sessions
 - Meals' adequacy, quality and appropriateness
 - Parent Effectiveness Sessions
 - Capability building sessions for CDC Workers
2. What are the facilitating factors in the implementation of SFP Cycle 8 in your CDC? Could you give us some examples of your good practices?
3. What are the issues or challenges encountered in the implementation of SFP Cycle 8 in your CDC? How were these resolved? How did the LGU and DSWD assist you in addressing the issues?
4. What changes did you observe in the beneficiaries upon completion of the feeding program? Do you think SFP had been relevant in improving the nutritional status of your beneficiaries?
5. What are your recommendations to improve SFP's implementation? What could be done to ensure that its intended results will be achieved?

- IV. To close, the facilitator should ask if there was anything else the participants would like to add about any of the topics discussed. Lastly, they should acknowledge the participants' time and participation in the activity and assure them that the information that they provided will be very helpful in the project.

PARENT BENEFICIARIES OF SFP

- I. **Facilitation of participants' consent.** The consent and confidentiality agreement will be read by the facilitator to the FGD participants. The facilitator should obtain the participants' verbal agreement to partake in the FGD before the start of the session. Participants may ask questions about the activity.
- II. **Introduction.** The facilitator will introduce him/herself and explain the objectives of the study and the FGD as well. He/she will remind the participants that all information that will be gathered through the FGD are completely confidential and will only be used for research purposes.

The participants will also be given time to introduce themselves:

- Name
- Age
- LGU and name of Child Development Center (CDC) / Supervised Neighborhood Play (SNP) their child belonged to

III. Discussion Proper. The following are the guide questions for the facilitator:

1. Could you describe the program your child participated in? Are you aware of the objectives of the program?
2. To what extent did your child participate in the feeding sessions (e.g. was she always present during the feeding sessions)? How long did s/he participate in the program?
3. How would you describe the conduct of the feeding session? Were there any issues encountered? What were the factors which facilitated the feeding sessions?
4. Did you also participate in the program? What activities did you participate in?
 - Activities which can be probed:
 - Actual participation in the preparation of meals and feeding implementation
 - Attendance to Parent Effectiveness Sessions
5. Do you think the program was helpful in meeting the nutritional needs of your child?
6. What are the (positive/negative) changes you observed on your child after participating in the feeding program?

IV. To close, the facilitator should ask if there was anything else the participants would like to add about any of the topics discussed. Lastly, they should acknowledge the participants' time and participation in the activity and assure them that the information that they provided will be very helpful in the project.

Annex H: Evaluation Team

Evaluation Task Manager	Joseline Niwane Concurrent Head, PDPB
	Cynthia Lagasca Chief, RED
Evaluation Team Leader	Jeremy Pancho Planning Officer III
Evaluation Associates	John Paul Aldeza Statistician III
	Kristine Joy Loneza Planning Officer III
	Nerissa Castro Social Welfare Officer III
Evaluation Support Team	Paul Joseph Paler Administrative Assistant III
Regional Coordinating Team Facilitators	SFP Focals from Program Management Bureau Planning Officers and SFP Focals from DSWD Field Offices Jennel Drezza Fe Reyes Dana Raissa De Guzman Ronell Delerio Hannah Mae Aldeza Djoanna Cortina Go
Transcriptionists	Kriza Gonzales Kristine Pauline Ramos Cleofe Chavez Rachelle Millan Malondras Andrew Lacsina Carmina Siguin Jean Paglinawan Maria Krisha Aranza John Harold Pancho

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